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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	0358	5			CERTIFIC	ATE	OF DEATH				351	i2
1.	PLACE DF DEAT	Н				1	2. USUAL RESIDENCE	CE (Where			esidence	before admission)
	Carrol	1			MARYLA	ND	a. SIATE Marvlar	nd	b. CO	Frede	ri ok	/
_	b. CITY OR TOW write RURAL	N (if outside	corporate	limits,	c. LENGTH OF STAY I		c. CITY OR TOWN (If		orporate limits,			
	Sykesv		rest town	)	LLyrs.lmo.	294	rs. Thurmo	nnt.	RD		10 -	2
-			STITUTION	(if not in ho	spital, give street add	iress)	d. STREET ADDRESS	3110			l e	. IS RESIDENCE
		field S									Y	ON A FARM?
3.	NAME OF DECEASED		Fire	st	Middle		Last	4. DAT	E Mor	th	Day	Year
	(Type or print)		MAR	GARET	(NMN)		ADAMS	DEA	H March	1 9		1966
5.	SEX	6. COLOR O	RRACE	7. MARRIED	NEVER MARRIED	<b>X</b>   8	. DATE OF BIRTH			FUNDER		Hours   Min.
	Female	White	9.	WIDOWED	DIVORCED		5-24-1897		68 yrs.	Months	Days	Hours Min.
10 du	a. USUAL OCCUPATING most of work	TION (Give kind	of work d	one 10b. KI	IND OF BUSINESS OR		11. BIRTHPLACE (CO	ounty & Sta	te, or foreign count	ry)   12. CI	ITIZEN (	FWHAT
	Housewor		11 10(1100)	<b>'</b>	, DOSTRI		Maryland	1			U.S.	
13	. FATHER'S NAM		70.00				14. MOTHER'S MAID				V-4-V-4	
	Clare	nce C.	Adam				Annie	Kui to				
15	. WAS DECEASED	EVER IN U.S. A	RMEDFOR	CES?   16.	SOCIAL SECURITY NO.	17.	INFORMANT	MIT UZ	Addı	ess		
C	es, no, or unkown)	(IT yes give wai	or dates or		nknown	Roc	cords, Sprin	2003 0	d State	Vocat	4.7	
		DEATH [Enter	only one		ne for (a), (b), and (c).		oras, obiti	TRITE	to brate	HOSPI		EVAL BETWEEN
		EATH WAS CA	USED BY:	Le	ft pulmonar		oscess				PNSI	TAND DEATH
	521	IMMEDIATE			-							
	Conditions, If	any which h	DUE T									
	gave rise to			b)		-						
	cause (a), s underlying caus		DUE T									
8				CONTRIBII	TING TO DEATH BUT NO	TRELAT	TED TO THE TERMINAL E	DISFASE CO	NULTION GIVEN I	N PART 1/a)	119.	WAS AUTOPSY
A	Epilep	sy with	men	tal dei	iciency.	Arte	riosclerot:	ic he	art dise	130		PERFORMED?
CERTIFICATION	20a. ACCIDENT	WAS LINDED!	VINC [7]	L 20h D	ECCDIDE HOW IN HID	OCCU	RRED. (Enter nature of	Influencia	Part I ar Part II	of Itom 19		NO [
ERT	OR CONTRIBUT (IF EITHER, NO	ING CAUSE	OF DEAT	H 200. U	LOCKIDE NOW INJUK!	UUÇUI	KKED. (Ellier liature of	injury in	ratt i ot ratt ii	Of Item 10.	.)	
					HIDY COOLINGED I CO	- 0146	e or munyates.	1 005	(011	10		(Odeda)
MEDICAL	20c. TIME OF Hour a.		tn, bay, Y	While	Not While	factor	E OF INJURY (Home, fa y, street, office bldg., e	tc.) 201.	(City or town)	(Cou	inty)	(State)
A.		m.	19	at work	at work							
					d the deceased fro	m 1-	10-22	00 A	.0.		-,	at (I) (we) last
	saw the de	ceased alive	on_3	-9-66	19, an	d that	death occurred at	M,	for the cause			
	22a. SIGNATU	RE 7	,		010	0	ATTENDING	MED.	STAFE	22b. D/		_
	Ur. V	un M	Tu,	us	gua	Mr.D.	PHYS.	DIRECTOR		11.	-9-6	
	22c. PHYSICIA NAME (T	vpe)			4				field St			
-				s Glahr					rille, Ma			
23	BURIAL, CREM	ecify) 23b.	DATE TI	HEREOF	23c. NAME OF CEM			1.0	LOCATION (City,	town or cou	inty)	(State)
1	) level	1/1	ch/	3-66		W	St Anthon	01	melebe	2501070	0.010***	wed.
5	. FUNERAL DIR	ECTOR	n		ADDRESS	1	25a. REC	4 4	SISTRAR   25b.	1	- 4	TUKE
1/	T31 -	1 C.	(res	AU SOL	human To	2	MAK DIMAK	19	1966	Marila	1 Year	del.

VR A15 (4) 20M 1/65

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do troperi	Stellerik	110em <sup>3</sup>
	A Seminary agreement of	Sylvestille Light
		Interest of the Complete
	THE CONTRACT OF THE CONTRACT O	Temples lenich Homesvenst Cieranes C. Adres Unio
		other Island M.I. vegetige

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4.	may be retained the haspital ar attending physician.	TO FUNERAL DIRECT R: After this certificate has been signed by the attending physician and campering filled in the funeral director,	page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers 1 and 2 shauld be filed with	the registrar priar ta burial, crematian, ar remaval, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/55

0357	3 MARY	LAND	STATE DEPA		TOF HEAL		TIMORE, 1	8 Reg. Dist.	035	63
1. PLACE OF DEATH o. COUNTY	Carroll		MARY	LAND 2	USUAL RESIDENCE o. STATE Maj	(Where decease	ed lived. If institution b. COUNTY	Carro	pefore admiss	sion)
RURAL ond give	I (If outside corporate lime neorest town)  - Sykesyill PITAL (If not in hospital,	le	c. LENGTH OF STAY Life	IN 1b	c. CITY OR TOWN  Rural -	Sykesv		URAL ond give	16-1	/
OR INSTITUTION Rt	or institution Rt. 3				Rt. 3				ON A	SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	Geor	irst 3ge	Middle ${ m F}$ .		Allen	4. DATE OF DEATH	Pic	rch 2	26,	Year 19 66
Male	6. COLOR OR RACE White	WIDOWE		0 0	0 0 0	1885	9. AGE (In years lost birthdoy) yrs.	Months Do	ys Hours	Min.
00. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Farmer 3. FATHER'S NAME					Mary 7	land	country)		OF WHAT	COUNTR
Cha	rles Allen		OCIAL SECURITY NO		Carol		indsay	ratt		
(Yes, no, or unknown)	(If yes, give wor or dates of		19-36-08			I. All	a	kesvi 1 Box	116,	Md.
	DEATH [Enter only one of DEATH WAS CAUSED BY: IMMEDIATE CAUSE (CO.)	0) (	e for (0), (b), and (c).	lest	ulasRe	rual x	Ois cas		Seul	DEATH
Conditions, it gove rise to cadse (o), stati lying cause to	immediate DUE TO	b) O	ant	essi	Scle	reses			ye	2
CATIC	OTHER SIGNIFICANT COM	NDITIONS <u>C</u>	ONTRIBUTING TO DE	ATH BUT NO	T RELATED TO THE T	ERMINAL DISEAS	SE CONDITION GIV	EN IN PART 1(c	19. WAS PERFO YES	DRMED?
20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT	WAS UNDERLYING  NG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	CCURRED. (I	inter noture of injury	r in Port I or Por	rt II of item 18.)			
20c. TIME OF IN. Hour o. I	10	20d. IN While of work	JURY OCCURRED  Not while of work	20e. PLACE foctory	OF INJURY (Home, y, street, office bldg.,	form, 20f. (City , etc.)	y or town)	(Cour	rly)	(State)
21. I certify alive on	that I attended the	decease	/	death or	, 1963, to coursed at 5 is		m the causes of treet, gifty or town,	ind on the	date state	
PHYSICIAN'S NAME (Type)	W. GLENN	SFEIC	CHER						/ /	/
220. BURIAL, CREMA REMOVAL (Spec	fy)	OF 20 17	22c. NAME OF CEM		Cemeter		TION (City, town, c	2.6	(Stot	
23. FUNERAL DIRECT		** 7 7 1	ADDRESS			REGIO BY REGIS	TRAR 246, REGIS	TRAR'S SIGNA		

	CERTIFICATE OF DEATH					
		Branch .				
	Manharita					
		Con earth at Comme				
		The second at 250 lb				
	Comments became					
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	market and the		a Alley A			

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

() 3564

a. COUNTY	Carroll	MADVI AND	a CTATE	E (Where deceased lived, If institute b. COUNTY	tion: Residence before admission)
b. CITY OR TOV	NN (if outside corporate limits, L and give nearest town)	MARYLAND   c. LENGTH OF STAY IN 1b		outside corporate limits, write R	RURAL and give nearest town)
RuralSy	and give nearest town)	8m. 3days	Baltimore		30-4
	DSPITAL OR INSTITUTION (if not in	hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
	eld State Hospit		1319 Mt.	Royal Avenue	ON A FARM? YES NO NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Year
(Type or print)	Gertrude	Clara	Baker	DEATH 3	18 1966
5. SEX	6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IFU last birthday) Mon	NDER 1 YEAR IF UNDER 24 HRS.
female	white WIDOWE		9/6/98	67 yrs. Mon	iths Days Hours Min.
10a. USUAL OCCUPA	TION (Give kind of work done   10b. king life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Co	unty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bookkeep		to Repair Co.	New Jerse	еу	USA
13. FATHER'S NAM	AE .		14. MOTHER'S MAID	EN NAME	
Albert B	arth		Emma Fr	rancis	
15. WAS DECEASED	EVER IN U.S. ARMED FORCES?   16	6. SOCIAL SECURITYNO.   17.	INFORMANT	Address	
no		242-12-5276 Sp	ringfield F	Hospital record	s. Sykesville
18. CAUSE OF	OEATH [Enter only one cause per				1 INTERVAL BETWEEN
	EATH WAS CAUSED BY: Ca	rdiac failure			ONSET AND DEATH
491	IMMEDIATE CAUSE (a)				
Conditions, If	any, which \ DUE TO Br	onchopneumonia			days
gave rise to	Immediate (				
cause (a), s	stating the				
	SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART	T1(a) 19. WAS AUTOPSY
S Chroni	c brain syndrom t qualifying ph	e associated w	ith cerebra	al arterioscler	OSIS PERFORMED?
20a. ACCIDENT	WAS UNDERLYING 1 20b.	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	injury in Part I or Part II of Ite	
	ING CAUSE OF DEATH				
20c. TIME OF Hour a.		factor	CE OF INJURY (Home, fairly, street, office bldg., et		(County) (State)
W P.	.m. 19 at wo	e Not while(	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
21. I certi	fy that ## (this hospital) atten	ded the deceased from	7/15/ 19	65 to 3/18/	19.66, that <b>ok</b> (we) last
A STATE OF THE PARTY OF THE PAR				2:30, from the causes and	on the date stated above.
22a. SIGNATU	RE				b. DATE SIGNED
View.	of Or Town	WI Tune M.D	. PHYS. D	111201011 - 111101	3/18/66
22c. PHYSICI NAME (T	AN'S Naci N. Buyul	kunsal, M./D.	22d. ADDRESS	pringfield Sta	te Hospital
				Sykesville, Mar	
23a. BURIAL, CREI	andful .	23c. NAME OF CEMETERY		23d. LOCATION (City, town	1 .1 ( 1.
Buria	1 3/24/00.		emetery		orth (arolina
24. FUNERAL DIR		ADDRESS			TRAR'S SIGNATURE
Leonard	y. Nuck ync. B	Balto. Md. 212	274 DATE MA	R 2 1 1966 gcl	iarles Judge

VR A15 (4) 20M 1/65

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which fire the face bakes ha 127;

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

			OLIVIIII	וואט	L OI DEAI	**		11.5	והע		
1. PLACE OF DEAT	Carroll		MARYL	AND	2. USUAL RESIDER	NCE (Where dary lan	d b. COU	stitution: Re	tgo	before ad	mission
b. CITY DR TDV write RURA	WN (if outside corpora L and give nearest tov	te limits,	c. LENGTH DF STAY		c. CITY OR TOWN (	If outside co	rporate limits, w	rite RURAL	and giv	o neares	t town
RuralSy	kesville		lmo. 22da		Gaithe:	rsburg			15	-2	
d. NAME OF HO	OSPITAL OR INSTITUTIO	ON (if not In h	ospital, give street ad	dress)	d. STREET ADDRES	S			6	ON A F	
Springfie	eld State F	<b>Tospita</b>	al		Route #	3				YES X	NO 🗌
3. NAME DF DECEASED	F	rst	Middle		Last	4. DATE	Mon	th	Day	Yea	
(Type or print)		irgaret	Ceceli		Bayne	DEAT			2	196	
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH	9	. AGE (In years last birthday)		YEAR Days	Hours	24 HR
female	white	WIDOWED	DIVORCED		4/3/86		79 yrs.	mondia	29	nours	141111.
1Da. USUAL OCCUPA during most of wor	TION (Give kind of work king life, even if retire	done 1Db. K	IND OF BUSINESS DR		11. BIRTHPLACE (	County & Stat	e, or foreign count	y) 12. CI	TIZEN	DF WHAT	
Housewi			Home		Marylan	d				USA	1
13. FATHER'S NA!	ME				14. MOTHER'S MA						
James	Fagan				Allen	Ann					
15. WAS DECEASED	EVER IN U.S. ARMED FE	RCES?   16.	SOCIAL SECURITY ND.	17.	INFORMANT		Addre	ess	H.		
no	(11) co give was or uncest		ınknown	Spr	ingfield !	Hospit	al reco	rds, Sy	kes	svill	Le
18. CAUSE OF	DEATH [Enter only on	e cause per l	ine for (a), (b), and (c).	.1			*		INTE	RVAL BET	WEEN
PART I. D	DEATH WAS CAUSED BY IMMEDIATE CAUSE	(2)	Bronchopne	umoi	nia			5-97	ONS	ET AND D	PEATH
422	DUE										
Conditions, If	/		terioscler	otio	cardiova	scular	diseas	e		vear	8
gave rise to		(-/									
cause (a), s	stating the		neralized	arte	eriosclero	sis				vear	6
	significant condition of brain syr	ONS CONTRIBI	with seni	TRELA Le 6	TED TO THE TERMINAL Pain dise	DISEASE COI	th psyc	PART 1(a)		WAS AU PERFORI	TDPSY
	T WAS UNDERLYING TING CAUSE DE DEADTIFY MEDICAL EXAMI	TH NER) 20b.	DESCRIBE HOW INJURY	Y OCCU	RRED. (Enter nature	of injury in f	Part I or Part II	of Item 18.)			
Hour a.	INJURY Month, Day, .m. 19	Year   20d. I While at work	Not While		CE OF INJURY (Home, ry, street, office bldg.,		(City or town)	(Cour	nty)	(S	itate)
	ify that the (this hospeceased alive on	oital) attend 3/2/			1/10/ death occurred at	19 66 to 2:100 f	m · 3/2/	, 1966 and on th	, the date	at (#) (w	re) las
22a. SIGNATU	IRE Luis	J. 0	meas	M.D	ATTENDING	MED. DIRECTOR	STAFF PHYS.	22b. DA	TE SIC /2/6	SNED	
22c. PHYSICI NAME (1	IAN'S Type) Luis J	Arril	oas, M. D.		22d. ADDRESS		gfield ville,			spita	al
23a. BURIAL, CRE	MATION, 23b. DATE 3/7/		St. Mary		Cemetery	Roc	ocation (city,	Mar	yla	nd	ate)
24. FUNERAL DIR	RECTOR	4,71	ADDRESS		25a., R	EC'D BY REG	ISTRAR 25b.				
Robe	ert A. Pin	nhrev	Rethesd	a. '	MdM/	ar /	1954 0	Clerit	0	. 100	8

VR AJ5 (4) 20M 1/65

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writers most			Horney
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	Busberei	- Fene	e21monroll
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	ent and appropriation of the	oldono (o coldono)	
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	1204, T. 1860 3V		x

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Dietre A. Fumphrey Setherds, No.

FOR STATE HEALTH DEPT.

Department after death.

## Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE MEDICAL FYAMINED'S CERTIFICATE AND RECORDS. 1, MARYLAND

1. PLACE OF DEATH a. COUNTY	4		a. STATE	b. CC	institution: Residence before admission)
Carrol		MARYLAND	Mary		Carroll
write RURAL an	f outside corporate limits, d giva nearest town)	c. LENGTH DF STAY IN 1b			write RURAL and giva nearest town)
Rural, We	estminster	4½Hours	Rural, Wes	tminster	06-1
d. NAME OF HOSPI	TAL OR INSTITUTION (if not	In hospital, give street address)	d. STREET ADDRESS		a. IS RESIDENCE DN A FARM?
	ounty General		II	ter, Md. R. D	YES ND
3. NAME OF DECEASED	First	Middla	Last	4. DATE Mo	onth Day Year
(Typa or print)	Herman		echte1		rch 25 1966
5. SEX   6.	COLOR OR RACE   7. MARE	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year	IF UNDER 1 YEAR IF UNDER 24 HRS.
Male		WED DIVORCED	Aug. 14, 1		
10a. USUAL OCCUPATION		Db. KIND OF BUSINESS OR		Stata or foreign country)	1 12. CITIZEN OF WHAT
during most of working	lifa, even if retired)	INDUSTRY			U.S.A.
	, all kinds	riving own truck	Carroll	County, Md.	0.3.R.
13. FATHER'S NAME			14. MOTHER'S MAI		
Howard H	Bechtel		Lillie	Null	
15. WAS DECEASED EVE	R IN U.S. ARMED FORCES? yes give war or dates of service)	16. SOCIAL SECURITY NO.   17.	INFORMANT	Add	ress
No No	yes give war or dates of service)	215-26-1976 Wo	odrow H Re	chtel Westmi	nster, Md. R.D.2
	TH [Enter only one cause a	per line for (a), (b), and (c).]	COLUMN IN DE	Cartes, Wester	I INTERVAL BETWEEN
	WAS CAUSED BY:	0 0 1 0 1 0 1	211	011/18	ONSET AND DEATH
	MMEDIATE CAUSE (a)	an way	Hem	ermay	Hams
445 1	DUE TO	11 1-1	r 1,	0 1/	Several
Conditions, if any		Alkerten	flow Ma	aguard	410
gava rise to im	DUE TO	///			/-
underlying cause i		14			
PART II. OTHER SIG		RIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL	DISEASE CONDITION GIVEN	INPART 1(a)   19. WAS AUTOPSY
ATIO					PERFORMED?
20a. EXTERNAL C	ALICE WAS 1 20	b. DESCRIBE HOW INJURY OCCU	IDDED /Enter n dura c	f Injury in Part 1 or Part 1	1 0/4
PART II. OTHER SIGI 20a. EXTERNAL C PRIMARY Or CO CAUSE OF DEATH. 20c. TIME OF INJ. Hour a.m. p.m.	NTRIBUTING []	D. DESCRIBE HOW INJURY OCCU	JKKED. (Enter natura u	TINJULY IN PAIL TO PAIL T	i of itam 10.)
20c. TIME OF INJ	JRY Month, Day, Year   20	Dd. INJURY OCCURRED   20a. PLA	CE OF INJURY (Homa, f	arm, 20f. (City or town)	(County) (State)
Hour a.m.		niia Not while	ry, street, offica bldg.,	etc.)	
		work at work			
		remains described above, he	ld an Autopsy [_],	A	quiry , and in my opinion
death resulted	from: Natural causes	M, / Accident , Su	icide, Homic	ide [], Undetermin	ed manner
1,1	0,1/	. V D.	CHIEF MEDICA	L EXAMINER	
SIGNATURE	Melle.	Jeches	M.D. ASSISTANT ME	DICAL EXAMINER	22. DATE SIGNED
		11:	DEPUTY MEDI	CAL EXAMINER	1 2/23/00
EXAMINER'S NAME (Type)		//	Address (Street	t, other literal, by country	muster mis
23a. BURIAL, CREMAT	ON, 23b. DATE THEREOF	23c. NAME DE CEMETER		23d. LOCATION (City	town or county) + 179tata)
REMOVAL (Specification)	y) 3/27/66	York Road Ce			, Hanover, Pa.R-3
24. TUNERAL DIRECT		ADDRESS		C'D BY REGISTRAR   25b.	
T. T. T. T.	1 1 till		Do Sari		- 4
MINNAN	Noute.	Littlestown,	DAMA	7 2 8 1956 1	Charles Judge.

VR A15ME (5) 5M 1/65

TO DEPUTY MEDI

O DEPUTY MED. EXAMINER: This certificate should be executed within 24 hours after death. If any delay cossary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State of Health or its designated agent, prior to burial, cremation, or removal, and in any event withmax2 hours and the state of Health or its designated agent, prior to burial, cremation, or removal, and in any event with the State of Health or its designated agent, prior to burial, cremation, or removal, and its designated agent, prior to burial, cremation, or removal, and its designation of the state of th

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For type A TITLE - 1.7 ( versal, considered announce through the form ourrold Onary Searcial Hospital Mestakuster, Pd. H. D. 3 letinoet letinoet letinoet letinoet -0 101, 11, 100 × 5011 renerator, and armos priviley our renes Carroll County, Md. U.S.A. III DE DELLEI Ist bed Stamps 15-cu-1970 boodics H. Sedbook, members, i. 1.0. 

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# FOR STATE HEALTH DEPT.

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pages I and 2 with the State Department in any event within 72 hours after death. TO DEPUTY MEDISM. EXAMINER: This certificate should be executed within 24 hours after death. If any delay is recessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. permit. File p 10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit of Health or its designated agent, prior to burial, cremation, or

> VR ALSME (5) 5M 1/65

#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL FXAMINER'S CERTIFICATE OF DEATH

13567

				0 = 10 1 10 10 10 1			UPU	UG	
1. PLACE OF DEA	TH			2. USUAL RESIDEN	CE (Where deceas			ce before a	dmission)
Carroll			MARYLAND	a. STATE Maryl	and	b. COUNT	Carroll		
b. CITY OR TO Write RURA	WN (If outside corporate L and give nearest town	imits,	c. LENGTH OF STAY IN 1						st town)
Sykesvi			28 yrs.7 mo.:		hester		01	/	
	DSPITAL OR INSTITUTION Ld State Hos		hospital, give street eddre	ss) d. STREET ADDRESS					FARM?
3. NAME OF	Fire Fig.		Middle	Last	I 4. DATE	Month	Da		
(Type or print)			Zimmerman	Boblitz	OF DEATH	3	25	20	
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH	9. A	GE (In years   II st birthday)	FUNDER 1 YEA Months   Devs		
Female	White	WIDOWE	DIVORCED [	5-27-1903		2 yrs.			
lOa. USUAL OCCUPA Juring most of wor	ATION (Give kind of work d king life, even if retired	one 1Db.	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (		country)	12. CITIZEN	Y7	r
Housew	ork			Maryland			U.S.A.	•	
13. FATHER'S NA	ME			14. MOTHER'S MAI	DEN NAME				
Jacob Z	immerman			Ida V. Sh	afer				
15. WAS DECEASED	EVER IN U.S. ARMED FOR	CES? 16	S. SOCIAL SECURITY NO.   1	7. INFORMANT		Address			-
No.	(11 yes give was or dates or	act tive)	Unknown	Hospital Rec	ords				
	DEATH [Enter only one	cause per	line for (a), (b), and (c).]	1100011000 1100			INT	ERVAL BE	TWEEN
	CATH WAS CAUSED DV		ging from she	at mastrasint	_ etrane	ml ation	ON	SET AND	DEATH OWN
931	1		SIDS TROW SUG	et restraint	- Solan	ula vivi			
Conditions, If	DUE T	Trans	ileptic Seizu	re				unkn	വ്യാ
gave rise to	Immediate (	,	TTCPUTC DCTAG	10				CALLETT	01111
cause (a),	and the t	Oh	ronic Brain S		a unlessa	70 001100		192	3
underlying car		V/	BUTING TO DEATH BUT NOT R	V					UTOPSY
S PARTITIONER	SIGNIFICANT CONDITION	15 CONTRI	SOTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL	DISEASE COMDIT	ION GIVEN INT		PERFOR	
20a. EXTERN	AL CAUSE WAS	1 20b.	DESCRUBE HOW INJURY	CCURRED. (Enter nature of	f igjury in Part	or Part I) of	Item/18.)		1
PRIMARY NO CAUSE OF DEA	AL CAUSE WAS r CONTRIBUTING  ATH.	S	eggedant		telience		24		
ZOC. TIME OF	INJURY Month, Day, Y	ear   20d.	INJURY OCCURRED   20e.	PLACE OF INJURY (Home, 1		or town)	(County)	(	(State)
PART II. OTHER  20a. EXTERN PRIMARY OF 0 CAUSE OF DEA	.m. 3/25 196	While t wo	e Not While	actory, street, office bldg.,	etc.)		Carroll		
21. I certi	fy that I/took charge	of the Te	mains described above,	held an Autopsy ,	Inspection	X, Inquir	ry [], ar	nd in my	opinion
death resu	Ited from: Natural	causes [	, Accident X,	Suicide, Homic	ide 🔲, Uf	determined r	nanner 🗌		
1	1000		1, 1600	CHIEF MEDICA	AL EXAMINER				a Laves
SIGNATURE	Men	1-1	Redlil	[W.U.	DICAL EXAMINE		1 2	2. DATE	SIGNED
EXAMINER'S	V 00 0	- 4	× 6	151201	CAL EXAMINER	7 / / / /	-	CU	124/1
NAME (Type)	W. Glenn S				tif bily, ctown, dr		under	1-14	1
23a. BURIAL, CRE REMOVAL (S	pecify)	1, 1	23C, NAME OF CEMET	ERY OR CREMATORY	23d. LOCA	TION (City, tov	vn or county)	7	ita(e)
24/ FUNERAL DIF	and the last	166	ADDRESS	25a. RI	C'D BY REGISTR	AR   25b. RE	GISTRAR'S SIG	NATURE	
Trut	0/ )/2	0/1/	1.6:11/100	SAL DATEMA			liarles	Que	Z.
411/2/11/	11. 11101114	11	13 11 12 11 11 11 11 11 11 11 11 11	MILL P   DAIDYII	111 0 0 10	1	- (7)	A V	T THE REAL PROPERTY.

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A. Ottom Specimer, E.O.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please cannot carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
0.3568

	115740	CLKIIIICAIL	OI DEATH	
1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before ad	mission)
	a. COUNTY Carroll		a. STATE Maryland b. COUNTY Carroll	
-	b. CITY OR TOWN (if outside corporate limits,	MARYLANO c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares:	t town)
	write RURAL and give nearest town)	0.22.00.00.00.00.00.00.00.00.00.00.00.00		,
-	d. NAME OF HOSPITAL OR INSTITUTION (if not I	years	Westminster 66-/	DENCE
	d. NAME OF HOSPITAL OR INSTITUTION (IT HOLD	iii iiospitai, give street address)	ON A F.	ARM?
I	Brookville Manor Nur	sing Home	3 Anita Drive YES	NO X
3.	NAME OF First DECEASED	Middle	Last 4. OATE Month Oay Yea	r
	(Type or print) GERTR	UDE M. BOWE		66
5.	SEX 6. COLOR OR RACE 7. MARR	IEO NEVER MARRIEO 8	OATE OF BIRTH 19. AGE (In years   IF UNDER 1 YEAR   IF UNDER	
F	Temale White WOOW	VEO OIVORCEO	last birthday) Months Oays Hours	Min.
102	Cilia	b. KINO OF BUSINESS OR INOUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
	Housewife	Home	Carroll Co. Md. U.S.A.	
13.	FATHER'S NAME		14. MOTHER'S MAIOEN NAME	
	Granville Bloom	n	Hestor Webster	
	. WAS OECEASEO EVER IN U.S. ARMEO FORCES?		INFORMANT Address	
(11	es, no, or unkown) (If yes give war or dates of service)	None Mrs	Lula Farver Westminster, Md.	
1	18. CAUSE OF DEATH [Enter only one cause p		I INTERVAL BET	WEEN
	PART I. OEATH WAS CAUSED BY:	ereprovene	las accident ONSET AND O	EATH
	221V	o po y agree		-
	Conditions, If any, which	while athe	ros clerosis,	
	gave rise to immediate	0, 00	MG CANAG,	
	cause (a), stating the OUE TO			
Z	underlying cause last. (c)	INTERNATIONAL DESCRIPTION OF THE PARTY OF TH	FFO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AU	TODEY
120	0+0		PERFORM	MEO?
FIC/		ardiolisables	- Colored	NO X
CERTIFICATION	20a. ACCIOENT WAS UNDERLYING [] 20b	. OESCRIBE HOW INJURY OCCU	RREO. (Enter nature of Injury in Part I or Part II of Item 18.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)			
CAL		d. INJURY OCCURRED   20e. PLAC		tate)
MEDICAL	Hour a.m. Who p.m. 19 at v	nile Not While I Tactor	y, street, office bldg., etc.)	
	21. I certify that (I) (this hospital) after	ended the deceased from	5/3/63, 19 to 3/20 66, 19 that (1) (w	e) last
	saw the deceased alive on 3 20 1		death occurred at 4 952M, from the causes and on the date stated	above.
	22a. SIGNATURE		LOOK DATE CICATO	
	Att arisase	M.O.	ATTENOING MEO. OIRECTOR STAFF 3/20 LL	
	22c. Physician's		22d. AOORESS	
	NAME (Type) J. H. Car:	icofe	Union Bridge, Md.	
232		23c. NAME OF CEMETERY		ate)
	REMOVAL (Specify)	Taylorsvill	e Cemetery Carroll Co. Md.	
24	Burial 3/23/66 FUNERAL OIRECTOR	ADORESS	25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE	
	C.M.Waltz Box 241 S	vkesville. Md.	ONMAR 2 2 1966 Ochange Judge	

VR A15 (4)

2 2 2 2 CHIAGO TO STADUTIVES T 4. 65

funeral hours after death. and 2 attending physician and completely filled in by the firmit. Then please remove carbon papers. Pages 1 n, or removal, and in any event, within 72 hours after executed within be death certificate permit. TO FUNERAL DIRECTOR: After this certificate has been signed by the att director, page 3 should be detached for use as the burial-transit perm should be filed with the State Dept. of Health prior to burial, cremation, requires that the Page 4 may be retained by the hospital or attending physician. ATTENDING

PLACE OF OEATH a. COUNTY Carrol: CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville | 5 HOS,/22 GGS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Springfield State Hospital NAME OF OECEASED (Type or print) SEX

Male

13. FATHER'S NAME

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH

KENNETH

18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).]

DUE TO

DUE TO

(b)

(C)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CEATH BUT NOT RELA

7. MARRIEO

WIDOWEO

6. COLOR OR RACE

White

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

(Yes, no, or unkown) (If yes give war or dates of service)

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

TIME OF INJURY Month, Day, Year

Bus Driver

George Brashears 15. WAS OECEASED EVER IN U.S. ARMED FORCES?

Conditions, If any, which

gave rise to immediate

cause (a), stating underlying cause last.

Hour a.m.

CERTIFICATION

MEDICAL

MARYLAND

c. LENGTH OF STAY IN 1b 3 mos./22

Middle

NEVER MARRIED

DIVORCED

LEO

10b. KINO OF BUSINESS OR INOUSTRY

16. SOCIAL SECURITY NO. 1

214-09-2960

Bilateral broncho

Cardio-vascular r

20b. DESCRIBE HOW INJURY OCCU

Not While

at work

20d. INJURY OCCURREO

at work

	AND	KEU	UKDS,	201 AA"	LKE210M	SIKEEI,	DA
•	ERT	TFI	CATE	OF	DEATH		

CORDS,	301 W. PRESTO	N STRE	EET,	BALTIMO	RE 1,	MAR	<b>YLAND</b>	
ICATE	OF DEATH					03	569	
YLAND Y IN 1b	2. USUAL RESIDENCE a. STATE Maryl: c. CITY OR TOWN (If	and		b. COU	Wash	ingt	on	/
das	Hager	stown				2/-	2	
address)	d. STREET AODRESS						-	FARM?
	Last Bel:	Lview	-	Mont	h	08	YES Ye	NO bc
700		OF					1 10	
-10	ASHEARS DATE OF BIRTH	DEA		Mar.	LIFTIND	26 FR 1 YFA	RUFLINDE	66 R 24 HRS
ED   8	4-25-05		6(	E (In years st birthday) yrs.	TT	15		
R	11. BIRTHPLACE (C	ounty & Sta	ite, or f	oreign country	y) 12.	COUNT	N OF WHAT	
	Maryland			277	U	.S.A		
	14. MOTHER'S MAIC	EN NAME						
	Daisy Dor	ner	20/			TOW		
0. 17.	INFORMANT			Addre	SS			
Rec	cords, Sprin	ngfie	ld :	State	Hosp	ital		
(c).]	neumonia.						TERVAL BE	
J110110 K	ile miolita.	1					vac y D	
lar re	enal disease	e					years	
NOT RELAT	TED TO THE TERMINAL O	DISEASEC	DNDITI	ON GIVEN IN	PART 1		PERFOR	
URY OCCUP	RRED. (Enter nature of	f Injury In	Part I	or Part II	of Item	18.)		
20e. PLAC factor	E OF INJURY (Home, fa y, street, office bldg., e		(City	or town)	(0	County)	(	State)
Trom	death occurred at-		o	3-26-c				

sa	w the deceas	ed alive on_	3-26-	66 19,	
223	SIGNATURE	cuto	nin	i, 0	×
2c.	PHYSICIAN'S NAME (Type)	Antoniu	s Glah	n. M.D.	1

23b.

19

21. I certify that (I) (this hospital) attended the deceased from

DATE THEREOF

22d. ADDRESS

NAME OF CEMETERY OR CREMATORY

ATTENDING PHYS.

Cemetery

Springfield State Hospital Sykesville, Maryland 21784

STAFF PHYS.

23d. LOCATION (City, town or county)

Sharpsburg Maryland REGISTRAR'S

22b. DATE SIGNED

3-27-66

(State)

**EUNERAL DIRECTOR** 

BURIAL, CREMATION,

REMOVAL, (Specify)

**ADDRESS** 

23c.

REC'D BY REGISTRAR

DIRECTOR

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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> VR A15 (4) 15M 4-64

-	DIVISIO 03580	N OF STATISTI		RYLAND STATE EARCH AND RECO CERTIFIC	ORDS		N STRE		IMORI	E 1, M	ARYL	AND	
1.	e. COUNTY Carro b. CITY OR TOW Write RURAL Sykesvi	Oll //N (if outside corpora . end give nearest tov		AND IN 1b	2. USUAL RESIDENC a. STATE Harylan c. CITY DR TOWN (IF	nd outside d	b.	COUNTY	eder	ick and give	e neeres	t town)	
	Springfie	spital or institution		hospital, give street add	dress)	d. street address Route 2,						ON A F	
	NAME DF DECEASED (Type or print)	Lotti	irst e M. B	Middle rown		Last	4. DAT	TH 3	Month		Day 19	Yea 19 <b>6</b>	6
	emale	6. COLOR OR RACE white	WIDOWE	DIVORCED		4-23-78			yrs.	onths	Days	Hours	Min.
	house	ewlie		KIND DF BUSINESS OR INDUSTRY  WAY HOME		Maryland			country)	ÇC	UNTRY		
		CON.						th Cour		nic.	HAE	_	
(Ye	no, or unkown)	EVER IN U.S. ARMED FI (If yes give war or dates	of service)	6. SDCIAL SECURITY NO.	Rec	INFORMANT cords, Sprin	gfie		Address e Ho	spit			
		EATH WAS CAUSED BY IMMEDIATE CAUSE	(a) Gan	r line for (a), (b), and (c). gerous cellu cubitus ulce:	liti							RVAL BET F AND D Cay	-
NOI	gave rise to cause (a), s underlying cau	Immediate ctating the se last.	(c) Ge	neralized ar	teri		)ISEASE C	ONDITION GIV	'EN IN PA	RT 1(a)	19.	rears WAS AU	TOPSY
CERTIFICATION	200 ACCIDENT	c brain syn WAS UNDERLYING ING CAUSE OF DEA TIFY MEDICAL EXAM	1 20h	ass. with conscribe How INDEX	eret 1606	oral arterio	scler	Part I or Pa	ith	tem 18.	YES		NO X
MEDICAL	Hour a.	INJURY Month, Day, m. 19	Year   20d. Whi at wo	le Not While	factor	CE OF INJURY (Home, fa ry, street, office bldg., e		. (City or to	wn)	(Cou	inty)	(S	tate)
		receased alive on	3-19	onehere		death occurred at	MED. DIRECTOR	from the ca	ouses ar	d on t		NED	
24	TORIAL	PAR .	THEREOF 31, 196 may b	A REFORMADORESS	METERY M. L.	OR CREMATORY  E D E M  25a. REC  DATEMA	. 1		To U	UN	S SIGNA	n	ate)

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY h COUNTY Carroll Maryl and Carroll MARYLAND b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give negrest town) Mt. Rural vears d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? R.F.D. R.F.D. YES NO A 00 3. NAME OF Middle 4. DATE First Last Manth Day Year DECEASED (Type or print) DEATH March SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR **JE UNDER 24 HRS** 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Manths Days Haurs White Female WIDOWED DIVORCED 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY COUNTRY? A. Store Carroll Co. Md. Merchant General Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Susan Bussard Sylvester Baker IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, or unknown) ((If yes give war ar dates af service) Mrs Marv K. Brothers 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause last 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20g. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour a.m. factory, street, affice bldg., etc.) While Nat While at wark at wark 21. I certify that (1) this hospital oftended the deceased from 10 1950, to 3 19 de thot (I) (wet last 1962, and that death occurred at / A M, from causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED MED STAFF DIRECTOR PHYS PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) James P. Kerr Damascus. 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Bethesda Cemetery Burial Carroll 24. FUNERAL DIRECTOR **ADDRESS** 25b. ALCISTRAR'S C.M. Waltz Box 241 Sykesville, Md.

sly filled in by the funeral san papers. Pages 1 and 2 within 72 hours after death the death certificate be executed within 24 hours after Ompletely filled ir OVe. physician en please attending phy permit. Then permit. the signed by the burial-transit burial, cremati that be retained by the hospital or attending the has been **ATTENDING PHYSICIAN:** The law SD use State Dept. of Health r this certificate t detached far us TO FUNERAL DIRECTOR: After director, page 3 shauld be filed v Page 4 may k

and in any

crematian, ar removal,

prior to

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			11	A.F	T
	÷	7	25	-	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deat Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filled with the State Dept. of Health prior to burial, cremation, or removal, and the filled with the State Dept. of Health prior to burial, cremation, or removal, and the filled with the State Dept. of Health prior to burial, cremation, or removal, and the filled with the State Dept.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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1. PLACE OF DEAT a. COUNTY	Н				2. USUAL RESIDEN	ICE (Where	deceased liv			sidence bet	fore admission)
	arrell		MARYLA	IND	a. STATE Man	rvlan	d	b. COUN	Was	hingt	on /
b. CITY DR TDV	VN (if outside corpora	te limits,	C. LENCTH OF STAY I		c. CITY OR TOWN (I	9/		Imits, wri			- 7
Sykesvil	Land give nearest too	vn)	7 mos./5	las	Has	gerst	OMO			21-	2
	SPITAL OR INSTITUTION	ON (if not In hos			d. STREET ADDRESS		01122		-		S RESIDENCE
	eld State H		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	650 Penns		nia Av	renue		YES	N A FARM?
3. NAME OF DECEASED	F	irst	Middle		Last	4. DA		Month		Day	Year
(Type or print)	Walte		Nathaniel	L	CAMPHER	OF DE	ATH	Marc	h	4,	19 66
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	x   8	. DATE OF BIRTH	-	9. AGE (I	n years	IF UNDER 1	YEAR IF	JNDER 24 HRS.
male	negro	WIDOWED	DIVORCED		4-14-15		50	Irthday) yrs.	Months	Days H	ours Min.
10a, USUAL OCCUPA	TION (Cive kind of work king life, even if retire	done 10b. KIN	ID OF BUSINESS OR DUSTRY		11. BIRTHPLACE (C	County & S	tate, or foreig	n country)	12. CI	TIZEN OF 'UNTRY?	TAHW
Repairma		"	7001K1		Maryla	nd			U.	S.A.	
13. FATHER'S NAM	ME				14. MOTHER'S MAI		E	11			
Rev. Wal	ter Campher				Cather	ine J	ones				
15. WAS DECEASED	EVER IN U.S. ARMED FO	PRCES?   16. S	OCIAL SECURITY NO.	17.	INFORMANT		01100	Addres	S		
	(If yes give war or dates	of service)	4-09-6208	C.	ringfield S	State	Hosmi	l+al	Recor	de	
NO NO	DESTIL CENTS only on			1	Trugitera	J UEL UC	mosp.	LUCIL	10001		L BETWEEN
	DEATH [Enter only or EATH WAS CAUSED BY									ONSET	AND DEATH
TAKT I. D	IMMEDIATE CAUSE		minal pneum	noni	a			-		2 da	S
509	DUE								0.00		
Conditions, If		(b) Inar	nition.							mont	hs
gave rise to cause (a),											
underlying cau	se last.		onic Brain							year	S
PART II. OTHER	SIGNIFICANTCONDITI	ONS CONTRIDUT	ING TO DEATH BUT NO	TRELA	TED TO THE TERMINAL	DISEASE	CONDITION	SIVEN IN F	PART 1(a)	19. W	AS AUTOPSY RFORMED?
S C.R.S.	assoc. Wit	h menin	goencephal	itis	syphilis	with	react:	otic		YES E	
20a. ACCIDENT	WAS UNDERLYING	1 20b DE	SCRIBE HOW INJURY	OCCU	RRED. (Enter nature of	of Injury I	n Part I or	Part II of	Item 18.)	)	
	ING CAUSE OF DEA	NER)									
	INJURY Month, Day,	Year   20d. IN	JURY OCCURRED   20	e. PLAC	E OF INJURY (Home, f	arm,   20	f. (City or	town)	(Cour	nty)	(State)
Hour a.		While	Not While at work	tactor	y, street, office bldg.,	etc.)					
		at work [			7_30_65	10	. 3_	4-66	7.0	Allek	//\ /a\ laak
	fy that (I) (this hos	3-4-66	The deceased fro	m	death occurred at	8.30	o III.	4-00	_, 19	, that	(I) (we) last tated above.
22a, SIGNATU		7 4 66	, an	o tnat	death occurred at.	M	trom the	causes		TE SIGNE	
Laur Ordinare	( Tolone	001	Loud		ATTENDING -	MED.	SIA	FF FF		-66	
22c. PHYSICI	AN'S		ving	M.D.	PHYS. L	DIRECTO			-		- 7
NAME (1	P N	Ruiz,	M.D.		ZZU. ADDICESS	Syke	ngfie:	e, Ma	rylar	id	cal
23a. BURIAL, CREI	MATION, 23b. DATE	THEREOF	23c. NAME OF CEN	ETERY	OR CREMATORY		LOCATION				(State)
Burial Burial	Mar	9 1966	Rose Hi	17	Cemetery	Hs	igers	town	Ma		
24. FUNERAL DIR		1.	ADDRESS		25a. RE	C'D BY R	EGISTRAR	25b. RE	CISTRARY		IRE
John -	9 11/2/200 -	on Xlas	00.2 72424	MA	DATE	R 8	1966	ge	Tione	an Jus	delle.
1-100	WOUNCE SE	ALLYNA	Care with	" I BX	)   DUIRSII	414	.004	-//		4	0

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03588 03573 CERTIFICATE OF DEATH

1. PLACE OF D	EATH		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)						
	Carroll	MARYLAND	a. STATE Maryland Carroll						
b. CITY OR	TOWN (If outside corporate limits, RAL and give nearest town)	c. LENGTH OF STAY IN 1b		outside corporate limits, write RUF					
Westmir	nster	l week	Westminster 46-/						
	HOSPITAL OR INSTITUTION (if not in								
The second secon	L County General 1		53 Carroll	Street	YES NO 2				
3. NAME DF DECEASED (Type or pri	First I	Middle HOWARD CI	Last	4. DATE Month DF DEATH	Day Year / 1966				
5. SEX	6. COLOR OR RACE   7. MARRIE		8. DATE OF BIRTH	19. AGE (In years LIFUND	ER 1 YEAR   IF UNDER 24 HRS.				
male	white WIDOWE		April 24, 1	last birthday) Month					
10a. USUAL OCCU during most of w	PATION (Give kind of work done 10b. working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Co	unty & State, or foreign country) 12.	CITIZEN OF WHAT COUNTRY?				
13. FATHER'S			14. MOTHER'S MAID	EN NAME	U.D.A.				
Jo	ohn T. Close		Elsie Ze	pp					
15. WAS DECEAS	SED EVER IN U.S. ARMED FORCES?   16	S. SOCIAL SECURITY NO.   17.	INFORMANT	Address					
( 1 cs, 110, or unkon	21	17-18-8227 M	rs. Elizabe	th Forney sai	me				
	OF DEATH [Enter only one cause per I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		HRREST		INTERVAL BETWEEN ONSET AND DEATH				
gave rise	If any, which to immediate stating the DUE TO	FRIOSCLERI	MIC HEA	RT DISEASE	yrs.				
PART II. OTH  2Da. ACCIDI OR CONTRIE (IF EITHER,	IERSIGNIFICANT CONDITIONS CONTRIB			ISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED? YES NO				
	ENT WAS UNDERLYING [] 20b. BUTING [] CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	URRED. (Enter nature of	Injury In Part I or Part II of Item	18.)				
2Dc. TIME Hour		B - NOT WILLS -	CE OF INJURY (Home, fai ory, street, office bldg., et	rm, 20f. (City or town)	County) (State)				
saw the	wout of the		ATTENDING - / N	M, from the causes and o	the date stated above.  DATE SIGNED				
23a. BURIAL, C REMOVAL burial		23c. NAME OF CEMETER Meadow Branc		23d. LOCATION (City, town or nr Westminste)					
24. FUNERAL D		ADDRESS Animater, 7			AR'S SIGNATURE				

, YEEN Leggle Serglandray describ flowing the Company Line and Late of the Late of the Company MENN STATE OF THE PARTY OF THE SO COUL P. Trigh Son 1987/10/1980 and the second este visua desdilli lete das- 1-VIS this a shear the transfer of the control of the transfer of th

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please family earbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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3	
A	PLACE OF DEATH  • COUNTY  • COUNTY  • COUNTY
1	8. STATE D. COUNTY
ŀ	MARYLAND Maryland
-	b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town)  write RURAL end give neerest town)  c. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town)
	Manchester ud 2 2 mgs Baltimore
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS    e. IS RESIDENCE
	ON A FARM?
à	LONG VICW Nursing Home 4608 Roland are YEST NOT
-	3. NAME OF First Middle Last 14. DATE Month Day Year
н	DECEASED AAA
ш	(Type or print) /VIATV 1066
	5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
4	last birthday) Months Days Hours Min.
	WIDOWED   DIVORCED   O WELL / 19 yrs.
П	10e. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTH LACE (County & Stele, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
-1	done during most of working life, aven if ratirad)
	House Mother "Sallmore to ".
	13. FATHER'S NAME
	FTANK F CATSE SAFAL + MAILHOWS
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address
-	(Yas, no, or unkown) ((Ifyasgive war or dates of service)
	NO 185-36-1779 WILLIAM F. Corse New treedown, Va
1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
-1	PART I. DEATH WAS CAUSED BY,
	IMMEDIATE CAUSE (a) Carana Montana Mon
-1	4 0 DUE TO A A CON A LINE VANCOUR DES
	Conditions, if any, which \ (b) arthroscherotic Discontinuos
-1	gava risa to immadiate causa
	(a), stating the underlying DUETO
	cause last. (c) Cerebra Cerebras Cerebras
-1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	PERFORMED?
1	YES NO P
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. W/AS AUTOPSY PERFORMED? YES NO PERFORMED? YES NO PERFORMED? YES NO PERFORMED? NO CONTRIBUTING CAUSE OF DEATH OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED. YES NO PERFORMED? YES NO PERFORMED? YES NO PERFORMED? YES NO PERFORMED? YES NO PERFORMED. YES NO PERFORM
-1	O (IF EITHER, NOTIFY MEDICAL EXAMINER)
-1	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20s. PLACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
-1	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)  Hour a.m. Whila Not Whila St work at work at work
-1	p.m. 19 st work at work
-1	21. I certify that (1) (this hospital) attended the deceased from NOV2 1963 to March 4 , 1966 that (1) (we) last
-1	
	saw the deceased alive on March 1 1966, and that death occurred at 1/20 M, from the causes and on the date stated above.
	22e. SIGNATURE / / /2b. DATE
	M.D. PHYS. DIRECTOR PHYS. 3/4/66 SIGNED
	22c. PHYSICIAN'S 1 22d. ADDRESS
	NAME (Type) M. It For and I for the state of
	Williams M. D. With New Color, and
-	23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)
	REMOVAL (Specify)
	John Hopkins Anatomy Board
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REGISTRAR 25b. REGISTRAR'S SIGNATURE
	pMAK 8 1968 Icharles Judge
1.	

VR A15 (4) 20M 5-63

Manufaction and a major Bultiman and View Mirrison House 4608 Roland Clark MARY Reports Corse " my March Brook Thele man man John 70 1886 . The I SATAL F Statt house 18535 my William F. Const War Francisco Carline Cotton and a supple Bux & Small Jan Lx all Jones H Williams Without A. O. MANCHESTON, Ald

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D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

0358	5	7	CERTII	FICATI	E OF DEAT	Н			03	157	15
PLACE DF DEATH     a. COUNTY      b. CITY OR TOW	Carroll  N (if outside corpora and give nearest tow		MA   c. LENGTH OF ST	RYLAND TAY IN 1b	2. USUAL RESIDER  a. STATE  Maryl  c. CITY OR TOWN (	and	ь. с	Car	rel	1	
Hural	- Upperco	0			Rural				0	6-1	/
	Church R		hospital, give stree	t address)	d. STREET ADDRESS		ch Roa	d	9. Y	ON A F	
3. NAME DF DECEASED (Type or print)		rst I •	Middle Newton	Da	Last avidson	4. DATE DF DEAT		onth 3	Day 9	Yea	
5. SEX M	6. COLOR OR RACE White	7. MARRIEI	_		8-19-187		AGE (In year birthday)	y) Months	1 YEAR I	Hours	Min.
Retired		done 1Db.	KIND OF BUSINESS INDUSTRY	OR	Maryla:		e, or foreign cou	ntry) 12. C	USA	F WHAT	
13. FATHER'S NAM	Davidso <b>h</b>				14. MOTHER'S MA		9				
15. WAS DECEASED	VER IN U.S. ARMED FO	RCES?   16	. SOCIAL SECURITY		INFORMANT  I. Wat:		Add	iress			
FICATI	Immediate aling the DUE last.	to Art (b) to (c) ONS CONTRIE	BUTING TO DEATH BU	eroti	c Cardio		NDITION GIVEN		19.   YES	WAS AUT	TOPSY MED? NO
킹 2Dc. TIME OF I	WAS UNDERLYING ☐ NG ☐ CAUSE OF DEA IFY MEDICAL EXAMI NJURY Month, Day,	Year   2Dd.	INJURY OCCURRED	2De. PLA	RRED. (Enter nature  CE OF INJURY (Home, ry, street, office bldg.,	farm,   2Df.	(City or town)		unty)	(S	tate)
21. I centif saw the dec 22a. S GNATUR	y that (I) (this host ceased alive on the	pital) atten	k at work	from 2	death occurred at	1964 to			he date ATE SIG	stated NED	re) las above
22c. PHYSICIA NAME (Ty	se Soseph	80	Bush 1	VID	22d. ADDRESS	ypst	EAD	Mai	yla	No	1
REMOVAL (Spe Buria: 24. FUNERAL DIRE	clfy) 3-12			Metho	OR CRÉMATORY Odist   25a. R		OCATION (City Bltimo ISTRAR   25b.			M	ate)
	n-Eline	Ham	patead,	Md.	DATA	R 14	1966	Charl	en Co	edge	

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03586 CERTIFICATE OF DEATH

		5/0
1. PLACE OF DEATH a. COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: R a. STATE Maryland b. COUNTY Bal	esidence before admission to. City
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Sykesyille  c. LENGTH OF STAY IN 1b  ImO 12 da	c. CITY OR TOWN (If outside corporate limits, write RURAL Baltimore	and give nearest town
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Springfield State Hospital	d. STREET ADDRESS 3226 Northway Drive,	e. IS RESIDENCE ON A FARM? YES NO
3. NAME DF First Middle DECEASED (Type or print) Milton Mayo	Davies 4. DATE DF DFATH MOSTING 5-66	Day Year 19
Male White WIDOWED DIVORCED	8. DATE OF BURTH  9. AGE (In years   IF UNDER last birthday)   Months   yrs.	1 YEAR IF UNDER 24 HRS Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Construction Worker INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12. CI	DUNTRY TU . S . A .
Middon Davies St. John J. Davies	14. MOTHER'S MAIDEN NAME Della Bell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 218-03-6969 S:		kesville aryland
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  3 50 X IMMEDIATE CAUSE (a)  TOXOMIA		INTERVAL BETWEEN ONSET, AND DEATH WKS
Conditions, If any, which gave rise to immediate (b) Multiple decubits	al gangrene	3 mo.+
cause (a), stating the underlying cause last.  Cause (a), stating the Cause Company Co		20 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  Right purulent parotitis  20a. ACCIDENT WAS UNDERLYING TO CROWN CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ITED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
	JRRED. (Enter nature of injury in Part I or Part II of Item 18.	)
ZOC. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLAN   19   20d. INJURY OCCURRED   20e. PLAN   factor   20d. INJURY OCCURRED   20d. INJURY OCC	(CE OF INJURY (Home, farm, 2Df. (City or town) (Coupry, street, office bldg., etc.)	nty) (State)
21. I certify that (i) (this hospital) attended the deceased from	t death occurred at 2:50M, Hom the causes and on the	, that (I) (we) las
220. SIGNATURE Sula Ozpan. M.D	ATTENDING MED. STAFF	ATE SIGNED -6-66
22c. PHYSICIAN'S NAME (Type) Show Ozgun, M.D.	22d. ADDRESS Springfield State Ho Sykesville, Maryland	
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY BEL Aire Me	em. Gardens Bel Aire,	Md
Leonard J. Ruck Inc. Baltimore, Mc	d. DATAR 9 1966 Icharle	

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executed within 24 hours after death.

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

632	54		CERTIFIC	AII	UF DEATH			1	3577	
1. PLACE OF I	DEATH				2. USUAL RESIDENC	E (Where decea			sidence before	admission)
Carro	11		MARYLA	MD	a. STATE		b. COUNT			-4
		corporate limits.	c. LENGTH OF STAY I		c. CITY OR TOWN (If	outside corpo	rate limits, write	RURAL	and give near	est town)
write Ri	TDWN (if outside URAL and give near	rest town)								,
	E MOSDITAL OR INC	TITUTION /If not in	Byrs.3mos.1 hospital, give street add	4dy	d. STREET ADDRESS	ore			30-4	SIDENCE
				11622)						FARM?
Sprin	igfield St	tate Hospi	tal		1607 E. 321	nd St.			YES	NO 30
3. NAME OF DECEASED		First	Middle		Last	4. DATE	Month		Day Y	ear
(Type or pr	int)	ADA	ELIZABETH		DEAN	DEATH	MARC	H 22	2 19	66
5. SEX	6. COLOR OF	R RACE 7. MARRIE	NEVER MARRIED	3	B. DATE OF BIRTH	1 6	GE (In years   IF ast birthday) M	UNDER 1		
Female	White	WIDOWE	DIVORCED		12-23-1883	82	yrs.	iontiis	Days Hour	s Min.
1Da. USUAL OCC	UPATION (Give kind working life, even	of work done   10b.	KIND OF BUSINESS OR		11. BIRTHPLACE (Co	ounty & State, or		12. CI	TIZEN OF WHA	\T
Housewi		irretired)	INDUSTRY		Maryland				S.A.	
13. FATHER'S					14. MOTHER'S MAID	EN NAME			10 111 1	
Jan	mes Hooper				Elizabe	th Iser	noch			
15 WAS DECEA	CED EVED IN IL C AL	DMED CODCES?   10	. SOCIAL SECURITY NO.	17.	INFORMANT	J 011 -D Q	Address			
(Yes, no, or unko	wn) (If yes give war	or dates of service)	None		ecords, Spri	neficl	Stata	Hoeni	l d a l	
					acorda, opri	rngrrere	1 Otava	nusp.		CDUCEN
			line for (a), (b), and (c).	_					ONSET AND	DEATH
1 100	IMMEDIATE	CAUSE (a) ACU	te pulmonary	em	bolism				Vinutes	
690	10	DUE TO								
	, if any, which to Immediate	(b) Ari	sing from th	10 a	bscess in t	he neck			Weeks	
	, stating the	DUE TO						- 0		
	cause last.	(c)								
PART II. OT	HER SIGNIFICANT C	ONDITIONS CONTRIB	paranoid ty	TRELA	TED TO THE TERMINAL D	ISEASE CONDI	FION GIVEN IN PA	(RT 1(a)		NUTOPSY RMED?
S SOUTE	opiniente	1 Bac oron,	paramord by	he					YES X	NO 🗌
PART II. OT SChiz	DENT WAS UNDERL' IBUTING CAUSE , NDTIFY MEDICAL	YING 2Db.	DESCRIBE HOW INJURY	occu	RRED. (Enter nature of	Injury in Part	I or Part II of	tem 18.)		
	, NOTIFY MEDICAL	EXAMINER)								
2Dc. TIME	OF INJURY Mont	h, Day, Year   20d.	INJURY OCCURRED   20	e. PLAC	E OF INJURY (Home, fa	rm, 20f. (CI	ty or town)	(Cour	nty)	(State)
Hour	a.m. p.m.	19 While		racto	ry, street, office bldg., e	(C.)				
			ded the deceased fro	m 7:	2_8_32 10	. to ?	1-22-66	10	that (I)	(wa) last
courth.	e deceased alive	on 3-22-66			death occurred at	3.50 PM	1-22-66 the causes at	nd on th	, tilat (i)	d shave
22a. 51GN		011	, all	u tiiat	death occorred at	(11), 11 (11)			TE SIGNED	d appres
1/1	untre	del CA	mpo.	M.D		MED.	STAFF PHYS.	3-23	2-66	
22c PHY	SICIAN'S			M.D	PHYS. LI					
NAN		ustin del	Campo, M.D.		ST	kesvill	e, Mary	land	broar	
23a. BURIAL,		DATE THEREOF	1 23c. NAME OF CEM	IETERY			TION (City, tow		nty) (	State)
REMOVAL	(Specify)						D-7		0. 163	
Buria 24. FUNERAL		rch 25, 66	ADDRESS ADDRESS	s Ce	25a. REC	O'D BY REGIST	RAR 25b. REG	ISTRAR'S	Co. Md.	1
	es Fuhera	Warma 26	31 Falls Ros	bd	2010	26 10	in Will	-	T.	ad a
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and completely filled in by the funeral premove, carbon papers. Pages 1 and 2 in admert, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

the attending physician

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MARYLAND STATE DEPARTMENT OF HEALTH

	DIVISION OF STATISTICAL RE	TOPACCI AND RECORDS	, JUI W. PRESIUN SIREE!,	DALIMUKE I, MAKILAND			
	03588	CERTIFICAT	E OF DEATH	(13578)			
1.	PLACE OF DEATH a. COUNTY  CALANDELL	MARYLAND	a. STATE Maryland	l lived, If institution: Residence before admission) b. COUNTY Howard			
	b. CATY OR TOWN (if outside corporate limits, prite RMRAL and give nearest town)		c. CITY OR TOWN (If outside corpora	te limits, write RURAL end give nearest town)			
<	Juidres millo	7 dava	Ellicott (	ity /3 - 2.			
	d. NAME OF HOSPITAL OR INSTITUTION (if not	in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?			
Z	Folden Call Here	it Storne	Kerger Road	YES X NO			
3.	NAME OF DECEASED (Type or print)	Middle	Lest 4. DATE DF DEATH	Month Day Year 1966			
j. 7	Analytic nation	WED DIVORCED	lar	(In years   IFUNDER 1 YEAR   IFUNDER 24 HRS   birthday)   Months   Deys   Hours   Min.   yrs.			
lui	a. USUAL OCCUPATION (Give kind of work done 10 ring most of working life, even if retired)	Ob. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or f	oreign covery) 12. CITIZEN OF WHAT COUNTRY?			
	House wife	Own home	Woodlawn Anne Arur				
13	. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
	Unknown			ealdhall			
15 Y	5. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unkown) (If yes give war or dates of service)	16. SOCIAL SECURITY NO.   17.	INFORMANT	Address Md.			
	No	Mr	Harvey Dennis Ker	ger Rd. Ellicott City.			
	18. CAUSE OF DEATH [Enter only one cause	per line for (a), (b), and (c).]	11 /	INTERVAL BETWEEN ONSET AND DEATH			
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	nua funt					
	4222 DUE TO	0.0	00000	- 2			
	Cenditions, if eny, which gave rise to immediate (b)	Uslfall	anderson Eles	ul )			
	cause (a), stating the DUE TO	K1.		9			
2	underlying cause last. (c)	16/40	- Englished				
וכאוויי	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITI	ON GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO			
CERI	20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I	or Part II of Item 18.)			
CAL			CE OF INJURY (Home, farm,   20f. (City	or town) (County) (State)			
100	Hour a.m. While Not While factory, street, office bldg., etc.)						
	21. I certify that (I) (this hospital) attended the deceased from /// 19 / 10 / 15/ 19 / 19 / 19 / 19 / 19 / 19 / 19						
	saw the deceased alive on Man	111 11		he causes and on the date stated above.			
	22a SIGNATURE		1	22b. DATE SIGNED			
	HI. H. HI orskin	M.D	ATTENDING MED. PHYS. DIRECTOR	STAFF PHYS			
	22c/ PHYSICIAN'S NAME (Type)	1467111	22d. (ADDRESS	to hel			

NAME OF CEMETERY OR CREMATORY

Grace Episcopal Church Ce
ADDRESS 25a. REC
Catonsville, Md 0044AR

(State)

23d. LOCATION (City, town or county)

Cem. Elkridge Md.
REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

A15 (4)

BURIAL CREMATION, REMOVAL (Soccify) Burial FUNERAL OIRECTOR

23a

23b.

DATE THEREOF

Mex Daniel

Tillicott City

House wife to Com hors Woodlaws Arms Armsel to. U. SIE A.

Strate Control Start 1

lay Barter Domin Corner M. Lilicott City.

luriel 37.7/1966 Imaco Relecoral Caurch lam. Ploridge, Mr.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

(3579)

1.	PLACE OF DEATH					2. USUAL RESIDENC	CE (Where			Residence	before admis	ion
Carroll				a. STATE Maryland b. CDUNTY Montgomery								
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				c. CITY OR TOWN (If	outside	corporate ilmits,	write RUR	AL and gl	ve nearest to	wn)		
RuralSykesville 4mo. 11days				Silver Spring 15-2								
d. NAME DF HDSPITAL DR INSTITUTION (if not in hospital, give street address)												
Springfield State Hospital				1702 Alberti Drive DN A FARM?								
3.	NAME DF DECEASED		rst	Middle		Last	4. DA		onth	Day	Year	
	(Type or print)	Sopl		NMN		Don Arumo			3	8	19 66	
5.	SEX	6. CDLOR DR RACE	7. MARRIED	NEVER MARRIED		. DATE OF BIRTH		9. AGE (In year last birthda			IF UNDER 24	
f	emale	white	WIDDWED	DIVORCED	П	4/20/75		90 yrs	11.011		Hours N	lin.
102	. USUAL OCCUPAT	IDN (Give kind of work	done 10b. KII	ND DF BUSINESS DR		11. BIRT HPLACE (CO	ounty & St		itry)   12.	CITIZEN		1
during most of working life, even if retired)  housewife  INDUSTRY  Home				Italy				CDUNTRY	Italy	-		
13.	FATHER'S NAM	E	1 114	Oille		14. MOTHER'S MAID	DEN NAME					-
? Patti												
15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY ND. 17. (Yes, no, or unkown) ((fyes give war or dates of service)				1 17	unknown INFDRMANT Address							
				ringfield Hospital records, Sykesville								
	no			known	-	ringfield H	lospi	tal rec	ords,	Syk	esvill	e
		DEATH [Enter only on		ne for (a), (b), and (c)	).]		-				RVAL BETWE	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) June Candian Facher Touristing								2			
	422	DUE		1	,			*	2 -			
	Conditions, if any, which ) (b) Paterior claronic (andrewagenly) (heero years)							1				
	gave rise to									7		
-1	Gauss (a), stating the											
NO			(c) DNS CDNTRIBUT	TING TO DEATH BUT N	DTRELA	TED TO THE TERMINAL D	DISEASE C	DNDITIONGIVEN	IN PART 1(a	a)  19.		
AT	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  PERFORMED?  YES NO (**D)  PERFORMED?											
FE	202 ACCIDENT	reaction.	20h DI	FOODIRE NOW INTID	V DCCII	DDED (Enter nature of	F intury in	Part I or Part I	L of Item 1		3 110	AC.
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING COURTED. (Enter nature of injury in Part I or Part II of Item 18.)  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)											
SAL	20c. TIME DF	NJURY Month, Day,	Year   20d. IN	JURY DCCURRED   2		CE DF INJURY (Home, fa		f. (City or town	(C	ounty)	(State	e)
MEDICAL	Hour a.n		While	Not While	facto	y, street, office bldg., e	tc.)					
Σ	p.r		at work			10/27/ .1	0 65	to 3-8	10/	- / Al	/aut/18 dan	loo
		y that R (this hos	ntan attender	a the deceased in	DMI						nat OK (we)	
	saw the deceased alive Dn 3 - 8 19/2/2, and that death occurred at / 5/2/2M, from the causes and on the date stated above											
ATTENDING MED. STAFF							7.	2- 0	-66			
M.D. PHYS. DIRECTOR PHYS. 122c. PHYSICIAN'S 22d. ADDRESS Springfield State Hospitality Physician's 12d. Address Springfield State Hospitality Physician's 12d. Address Springfield State Hospitality Physician's 12d. Address Springfield State Hospitality Physician Phys						-						
	NAME (T)	(na)	M Do	eb. M.D.		ZZU. ADDRESS					spital	
-	PUDIAL ODEA				METERN	DD ODEMATORY		sville,	Mary		/Ctoto	
23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY DR CREMATORY 23d. LDCATION (City, town or county) (State)												
	Urlai FUNERAL DIRE	1 2/11/	/66	Parklay	vn_(	lemetery	CID BY D	Rockvil	e M	lary	and	
24	Robert		PATE BAS	thesda. N	44				REGISTRA	.40 63	MIUNG	
	MORETE	A. Lumpii.	rea pe	thesua, I	IU.	DAMAR	11	1966	Chary	Cly Y	udge	

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending byserian and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then precise remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

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Springlight State Northwall 1708 Alberth Drive

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eccited within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deapt. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

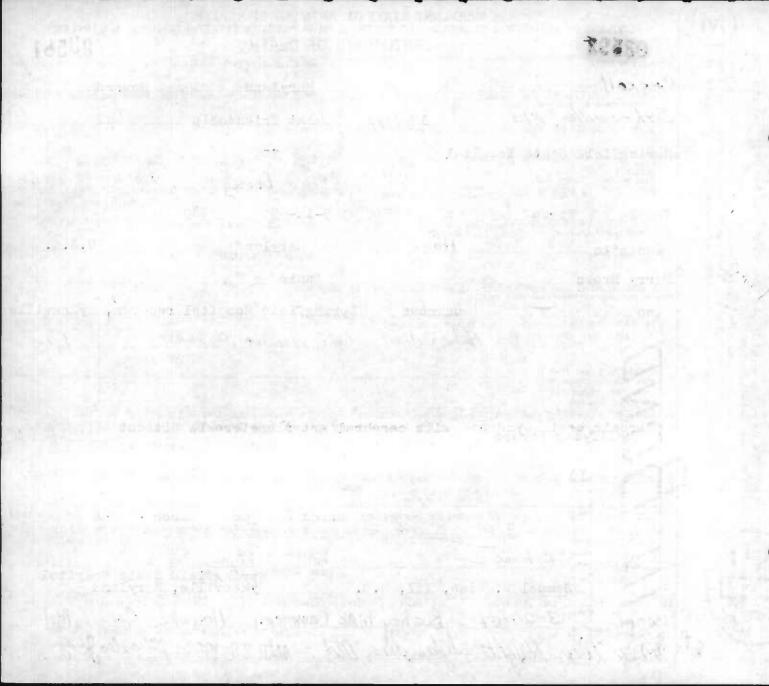
()3580

1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	sidence before admission)
	a. COUNTY	STATE b. COUNTY	) ]
	MARYLAND MARYLAND	Maryland Car	YOU
0	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	end give fiearest town)
12	write RURAL and give nearest town	Duny) Calabata	11-11
	wal-sykesuile	Mai - Sykesvi	LO DECIDENCE
	d. NAME OF HOSP/TAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	Buckborn Rd.	Buckhown Rd	YES NO
3.	NAME OF First Middle	Last 4. DATE Month	Day Year
3.	NAME OF DECEASED First Middle	DF AA	bay Idai
	(Type or print) (Pan o ra),	Jorsey DEATH /V/arch	16. 1966
5.	SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8		YEAR IF UNDER 24 HRS.
		100 / 18 / 1 / 4	Days Hours Min.
100		Jec. 8, 1002 Jay -yrs.	FIZEN OF WHAT
	a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR rink most of working life, even bretired)   INDUSTRY /		TIZEN OF WHAT
	House wite Own home	Freeland Ind. TI	D.A.
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	11
	III M Caicas	Frank a MIROTRAT	h-
	W - Spiceli-	Emma Cog	
	. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.)	INFORMANT () Address	0001
CIT	es, no or unkown) (If yes give war or dates of service)	men VI Harrage & will will	Lynd pna
_	100 1 220 70 3407 70	mae, 11. Kovey, Xypesived	BIIII KIDZ
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)		ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic	heart disease, arteriosclerosi	S:
	1/2 - 1	11001 0 0220000)	
	T LO   DUE TO		
	Conditions, if any, which (b) generalized, cardi	ac failure, severe cerebral	1965
	gave rise to immediate cause (a), stating the DUE TO		
	cause (a), stating the	42	3-16-66
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	AA .Y ALL AUGUSTA AL CONTRACTOR AND A CO	19. WAS AUTOPSY
Ĕ	FART II. OTHER STUME TO ART COMOTTONS CONTRIBUTING TO DEATH BUT NOT RELA	TIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	PERFORMED?
2			YES NO
CERTIFICAT	20a. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of injury in Part I or Part II of Item 18.)	
出	OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
MEDICAL	factor	CE OF INJURY (Home, farm, 20f. (City or town) (Courry, street, office bidg., etc.)	nty) (State)
0	Hour a.m.  p.m.  19  While Not While at work	13, act out, onlooping, occ.,	
2		19 65, to 3-16 - , 19 6	6 41-4 (1) ( -) 1-4
	21. I certify that (I) (this hospital) attended the deceased from	19 00, to 0 19 0	
	saw the deceased alive on 3-16 19 66, and that	death occurred 22/2014, from the causes and on the	e date stated above.
	22a. SIGNATURE		ATE SIGNED
	Amruso & Hall M.D	ATTENDING MED. STAFF DIRECTOR PHYS. 3-16	-66
	22c. PHYSICIAN'S	22d. ADDRESS	
	NAME (Type) Howard E. Hall, M. D.	Sykesville, Maryland	
		71.00 12.20 7	
238		OR CREMATORY 23d. LOCATION (City, town or cou	nty) (State)
	BEMOVAL (Specify) March 18/96/A Middle town	lomotory tropland	Md.
124	EUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR   25b. REGISTRAR	SIGNATURE
1	1 Non Total	(1) 1110000 1111 400	Λ .
S	Lacor Harumalun, Meur Tallatin,	La DAMAR 22 1966 Scharle	Judge
7		0	0

VR A15 (4) 15M 4-64

LOCAL DIRECTOR OF THE STATE OF Single Sufficient Commence of Containing the Sufficiency The state of the s PART TANK A LANGUAGE THE THE TANK OF THE PARTY OF THE PAR ANGLE IN A CONTRACTOR STATE AND A PROMES SERVICE OF LAND -L-s Same at March 1946 Middle town (emolecul Free Cond. 19 when I have been been the statement of t

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY after ve carbon papers. Pages 1 event, within 72 hours after ARRO 0 MARYLANO Maryland Howard 中 b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b by write RURAL and give nearest town; hours PYKESUILLE .= days West Friendship e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS filled ON A FARM? NO Z YES \_\_ Hospital etely NAME OF Middle Last DATE Month Day Year 4. DECEASED 24 NMN 19 66 ROWN comple (Type or print) DEATH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE OATE OF BIRTH remove 7. MARRIED NEVER MARRIEO last birthday) | Months | Hours Oays any and 80 WIDOWEO -5-10-85 DIVORCED female Negro e attending physician a ermit. Then please re 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) .5 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) INOUSTRY certificate be U.S.A Home. Marvland 13. FATHER'S NAME MOTHER'S MAIOEN NAME Annie Perry Brown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address been signed by the atten the burial-transit permit. (Yes, no, or unkown) (If yes give war or dates of service) death records. Sykesville unknown Hospital no INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] requires that the ONSET, AND DEATH PART I. OEATH WAS CAUSED BY: attending physician. YCHR IMMEDIATE CAUSE (a) **OUE TO** Conditions, If any, which (b) gave rise to immediate **OUE TO** (a), stating the prior underlying cause last. has as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY for use Health PERFORMED? Chronic brain syndrome with cerebral arteriosclerosis without qualifying phrase certificate PHYSICIAN: The YES NO TO for 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this cerum detached for 20b. OESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of Item 18.) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year should be de factory, street, office bldg., etc.) Hour a.m. Not While While p.m. at work at work retained 1966 to March 24 1966 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from March DIRECTOR: / age 3 should filed with the and that death occurred at 10:10 PM. from the causes and on the date stated above. saw the deceased alive on 22b. OATE SIGNEO 22a. SIGNATURE OR be page ATTENOING 130 M.D. PHYS. OIRECTOR PHYS. amus 4 may HOSPITAL PHYSICIAN'S 22d. AOORESSpringfield State Hospital TO FUNERAL 22c. director, p NAME (Type) Sykesville. Maryland Bamue. Wise NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) BUTIA AOORESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL OIRECTOR VR A15 (4) 20M 1/65



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	03592			CERTIFIC	ATE OF	DEAT	H			03;	182	
1.	PLACE OF DEATH a. COUNTY Carro	11		MARYLAN	a.	SUAL RESIDEN STATE Maryla	and		b. COUNT	roll		
	b. CITY OR TOWN write RURAL Sykesvil	N (if outside corpora and give nearest too le	tte limits, c. wn)	LENGTH OF STAY IN		Y OR TOWN ()			mits, write	e RURAL and	give ne	arest town)
	d. NAME OF HOS	eld State	ON (if not in hospl		ess) d. STF	EET ADDRESS	S					RESIDENCE N A FARM?
3.	NAME DF DECEASED (Type or print)	F	irst IVIA	Middle (NMN)		Last RSEY	4. DA		Month MAR		Day	Year 19 66
	sex Female	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE	1889		9. AGE (I 76 last bl	n years III rthday) N	THE CHARLE	EAR   IF U	NDER 24 HRS.
aui	Housewife	ION (Give kind of working life, even if retire // store cle	ed) INDU	OF BUSINESS OR STRY		IRTHPLACE (I Marylar	nd.		n country)	U.S.	TRY?	/HAT
		Warfield			M	other's mai			unk.	)		
		EVER IN U.S. ARMED FO (If yes give war or dates	of service)	-26-1500 A	17. INFORM	ds, Spi	ringfi	ield S	Address tate	Hospi	tal	
	PART I. DE	DEATH [Enter only or ATH WAS CAUSED BY IMMEDIATE CAUSE	/: A - 11 + -	for (a), (b), and (c).1 pulmonary	edema						NTERVAL ONSET A Minui	BETWEEN ND DEATH
	Conditions, If a gave rise to cause (a), st	any, which Immediate ating the	(b) Arteri	osclerotio	heart	diseas	5e			3	lear!	5
FICATION	PARTILOTHERS CBS asso	e last.  GIGNIFICANT CONDITI  C. With ce	onscontribution rebral a r	IGTO DEATH BUT NOT CLEY LOSCLET	RELATED TO	HETERMINAL with ps	DISEASE	condition of tic re	actio	ART1(a)		S AUTOPSY RFORMED? NO
CERTI	OR CONTRIBUTI	WAS UNDERLYING THE NG CAUSE OF DEATHER MEDICAL EXAMI	TH	CRIBE HOW INJURY	OCCURREO. (	Enter nature (	of Injury II	n Part I or I	Part II of	Item 18.)		
MEDICAL	20c. TIME OF I Hour a.m p.n			RY OCCURRED   20e	PLACE OF II factory, stree	JURY (Home, t t, office bldg.,	farm, 201 etc.)	f. (City or	town)	(County	)	(State)
	21. I certify	y that (I) (this hos ceased alive on 3	pital) attended t -29-66	the deceased from	that death	2 occurred at	19 3:00 M	to 3-29 from the	causes a		date sta	(I) (we) last ated above.
	22C. PHYSICIA	nis 700	ins	grain	M.D. PHY	NOING . ADDRESS	MED. OIRECTOR	R PHY	S. 23	3-31 te Hos		al
232	NAME (Ty	MITOURIE	s Glahn,	M. D.  3c. NAME OF CEME	TERY OR CRE	MATORY	Sykes	LOCATION	Mar	yland		(State)
13	REMOVAL (Spe	H-2-	-66	Freedom	0	letery	13	Syke	svil	le ISTRAR'S S	Md	
	Harry '	W. Haisi	the style	resville	Mid.	DAPR	7 4	1956	000	men	2	V.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

13593

0000										
1. PLACE OF DEATH a. COUNTY					2. USUAL RESIDENCE a. STATE	E (When	e deceased lived, II b. CO		Residence	before admission)
	roll		MARYLA	NO	Mar	ylan	d			
b. CITY OR TOWN (i	outside corporate lin	nits,   c	. LENGTH OF STAY I		c. CITY OR TOWN (If	outside	corporate limits,	write RURA	L and glv	re nearest town)
	give nearest town)		9 dans		D-714		07075		20	- 1
Sykesville	AL OR INSTITUTION (if	ant in hoor	8 days	rocci	Baltimo d. STREET AOORESS	re	21215		16	. IS RESIDENCE
		70400	hirai, Rive sticet and	1622)						ON A FARM?
Springfield State Hospital					4127 Pa			renue		YES NO X
3. NAME OF	First		Middle		Last	4. D/		nth	Day	Year
(Type or print)	Sadie		NMN		DUBIN	Di	EATH Mar	ch	20.	1966
5. SEX   6.	COLOR OR RACE   7. N	ARRIED	NEVER MARRIED	7   8	. OATE OF BIRTH		9. AGE (In year			IF UNDER 24 HRS.
Female V	Thite w	IDOWEO X	DIVORCEO	7	Unkn.		70? yrs.	Months	Oays	Hours Min.
10a. USUAL OCCUPATION during most of working	(Give kind of work done	10b. KIN	D OF BUSINESS OR		11. BIRTHPLACE (CO	ounty & S	State, or foreign coun	try)   12.	CITIZEN	OF WHAT
during most of working	life, even If retired)	IND	USTRY		Till and a day of					lized
Housewife					Ukraine		AE.	11/0	bul a	TTSEG
13. FATHER'S NAME					14. MOTILIC S MATE	APIE IAMII				
	llant - dec.				Ida ?		Add	ress		
15. WAS OECEASEO EVE (Yes, no, or unkown)  (If	RINU.S. ARMED FORCES  ves nive war or dates of servi	ice)	OCIAL SECURITY NO.	17.	INFORMANT		AUU	1622		
no		216	6-32-8259	S	pringfield !	Stat	e Hospita	1 Rec	ords	
	TH [Enter only one cau	ise per line	e for (a), (b), and (c).	1						RVAL BETWEEN
PART I. CEATI	WAS CAUSED BY:	Peri	ahmral was	Cul	ar insuffic	ienc	V.			eeks
1/0	MMEDIATE CAUSE (a)_	1 011	prietar vas	OUL	at THE ALTE	20110	<i>J</i> •			0010
4200	OUE TO	A nade o	mi	: -	hannt diago	00				0020
Conditions, If any		Arte	rioscierot	ıc	heart disea	58.				ears
gave rise to Im	OHE TO								4	
underlying cause la		Gene	ralized ar	ter	iosclerosis				У	ears
		ONTRIBUT	ING TO DEATH BUT NO	TRELA	TEO TO THE TERMINAL I	DISEASE	CONDITION GIVEN	IN PART 1	a)  19.	WAS AUTOPSY PERFORMEO?
ATI									YE	
U CONTRACTOR NA	o Hardeni Viaic 🖂	1 30h DE	CODIDE HOW INTIDA	/ occi	RREO. (Enter nature o	f Indury	In Part I or Part I	l of Item 1	(8.)	
PART II. OTHER SIGN PART III.	S UNDERLYING []  CAUSE OF DEATH  MEDICAL EXAMINER)	200. 00	SORIBE HOW INJOKI	0000	KKEO. (Enter natura o	, majoriy	III T GILL T OF T GILL			
	JRY Month, Day, Year	20d. INJ	URY OCCURRED   20	e. PLA	CE OF INJURY (Home, fa		Of. (City or town)	(C	ounty)	(State)
ZOC. TIME OF INJ Hour a.m. p.m.		While -	Not While	facto	ry, street, office bldg., e	etc.)				
	19	at work			3. 12. 66	_	to 3-20-6	6 10	.1	1 //\ /a\ laa&
21. I certify t	hat (I) (this hospital	attended	the deceased fro	m	3-12-66	9-20				hat (I) (we) last
saw the decea	sed alive on	3-20-6	06 19 , an	d that	death occurred at	U: N	A, from the caus	es and on	the dat	e stated above.
22a. SIGNATURE	77-1	_	1) .		ATTENOUNG	MED	STAFF P		DATE SI	
	Vann.	1 (1	lang	M.D		MED. OIRECT	OR PHYS.		20-6	
22c. PHYSICIAN'S			1/		22d. AOORESS	Spr	ingfield	State	Hos	pital
NAME (Type	Octavio Ru	uiz, M	I.D.			Syk	esville,	Maryl	and	
23a. BURIAL, CREMAT	ON, 23b. DATE THEF	REOF	23c. NAME OF CEN	METERY	OR CREMATORY	23d	LOCATION (CIT)	, town or	county)	(State)
A REMOVAL (Specif		6	B'NAST	- P	601	1	BANTO. C.	Tel		md.
24. FUNERAL DIRECT			AODRESS	3/6	25a. RE		REGISTRAR   25b.	REGISTR	AR'S SIGN	NATURE
			5 6	1/0	CE LIAD	99	1966	Charl	Per Qu	idge.
VACK LEW.	: INE. 21.	w-2	WE111900 1	111	DMAK	40	1300		1	0

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

03581

115079	110004
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
a. COUNTY CARROLL MARYLAND	O. STATE DIAPVIPACED b. COUNTY CARRELL
b. CITY OR TOWN (If outside corporate limits.   C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn)
write RURAL and give pearest town)	C. CIT ON TOWN (II dollate carpaidle minis, while kokat and give nearest tawn)
LINWOOD YEARS	LINNOOP 06-1
d. NAME OF HOŚPITAL OR INSTITUTIÓN (If nat in haspitol, give street oddress)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
	YES NO
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) ARTHUR BRADFORD	UVALL DEATH MARCH 23 1966
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
M WIDOWED DIVORCED	FEB 9-1898 (ast birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT
during mast af warking life, even if retired) INDUSTRY	MAPVIDAM COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1NAITER DUVALL	TILD GILDER
11/1/2/2	INFORMANT Address
(Yes no grupknawn) ((If yes give war ar dates of service)	
	DELIA-DUVALL LINNOOD MD
18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ONSET AND DEATH
4443 X DUE TO	
Conditions, if any, which gave ) (b)	
rise to immediate cause (a),	_ ^ 0
stating the underlying cause (c)	Tenscleman
PART II OTHER SIGNAFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
No I was a superior of the sup	PERFORMED?
The Acceptance of the Acceptan	
OR CONTRIBUTING CAUSE OF DEATH	(Enter nature of injury in Part I or Part II of item 18.)
	(E OF INJURY (Hame, farm, 20f. (City or town) (Caunty) (State)
Haur o.m. p.m.  19 While at wark of wark	tary, street, affice bldg., etc.)
21. I certify that (I) (this haspital) attended the deceased from_	nov , 1955 to mer , 1966, that (1) (we) last
	it death occurred at 3 45 M, fram causes and an the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
John 5 Harry M	D. ATTENDING MED. STAFF DIRECTOR PHYS. 3/23/64
22c. PHYSICIAN'S	22d. ADDRESS
NAME (TYPE) JOHN > / HARSHEY	& duction St. Withmundle, me
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or Town) (Caunty) (State)
REMOVAL (Specify) 3/25/66 WINTERS	S NEW WINDSOR RURAL MD
24. FUNERAL DIRECTOR ADDRESS	2 2 REGID BY DEGISTRAR 25 LARGISTRAR'S SIGNATURE
	Let MARK TRANSPORTER TO THE PARTY OF THE PAR

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then, pread remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remove) seed in any event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires thot the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospitol or ottending physician.

VR A15 (4) 20 M 1/66

A MEST OF A PROPERTY OF A PARTY O

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

AI5 (4) M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	113535	CERTIFICATE	UF DEATH		155	185
1.	PLACE DF DEATH		2. USUAL RESIDENCE (	Where deceased lived, If insti-	tution: Residenc	e before admission)
	e. COUNTY Carroll		e. STATE	b. COUNT		077
_		MARYLAND C. LENGTH OF STAY IN 1b	Mary Mary	side corporate limits, write	Carro	- me 149
	b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town)				B KOKAL and Bi	ive ileatest town)
1	Rural Woodbine	2 weeks		ykesville	06	-/
	d. NAME OF HOSPITAL OR INSTITUTION (If not in h	ospital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	Woodbine, Road		Liberty	Road		YES NO
3.	NAME DF DECEASED (Type or print)  First	Middle / NA	VYER 4.	DATE Month DF DEATH MARC	H H	Year 1966
5.	SEX   6. COLOR OR RACE   7. MARRIED	NEVER MARRIED 1 8.	DATE OF BIRTH	9. AGE (In years   II		
			0 40 4000		Months   Days	Hours   Min.
10:	Female   White   WIDOWED	(IND OF BUSINESS OR	9-12-1909	56 yrs. v & State, or foreign country)	12. CITIZEN	DEWHAT
dur	Ing most of working life, even if retired)	NDUSTRY		y & State, or foreign country)	COUNTRY	Y?
13.	Seamstress S	Sewing	Maryland 14. MOTHER'S MAIDEN	NAME	USA	
	Q M1->		FI i zabai	th Thompson		
15	Guy Thomas WAS DECEASED EVER IN U.S. ARMED FORCES?   16.	SOCIAL SECURITY NO.   17.	INFORMANT	Address		
(Ye	e ma ou unhouse) [ [ ] func nine man ou dates of comics ]	1 1 10 10				
	No 2	15-03-1988 Mr	. Wade Thor	npson Woodl	bine,	Md.
	18. CAUSE OF DEATH [Enter only one cause per l	ine for (a), (b), and (c).]				ERVAL BETWEEN SET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	arcinoma of the	breast			av 1965
	170 V					- 5
	Conditions, If eny, which \ C.		1.1.		3.	-4-66
	gave rise to immediate	eneralized mast	ILIS			
	cause (a), stating the DUE TO					
2		evere hepatic i				
ICATIO	PART II. OTHER SICNIFICANT CONDITIONS CONTRIB	JTING TO DEATH BUT NOT RELAT	TED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PA		WAS AUTOPSY PERFORMED?
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. OR CONTRIBUTING 20b. (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR	RRED. (Enter nature of Inj	ury in Part I or Part II of	Item 18.)	
		NJURY OCCURRED   20e. PLAC	E OF INJURY (Home, farm,	20f. (City or town)	(County)	(State)
MEDICAL	Hour a.m. While	Not While factor	y, street, office bldg., etc.)	(0.0		
Σ	p.m. 19 at wor			( =		
	21. I certify that (I) (this hospital) attend	ca the acocasea home		65, to 3-4-66		
	saw the deceased alive on 3 · 4	66 19 and that	death occurred at 4:3	M, from the causes a		
	22a. SICNATURE	,1 4			22b. DATE SI	GNED
	Anward &	- And M.D.	ATTENDING MED	ECTOR PHYS.	March 4	1966
	22c. PHYSICIAN'S		22d. ADDRESS			
	NAME (Type) Howard E. Hall	, M.D.	Sykes	sville, Maryla	ind	
23a		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tow	vn or county)	(State)
	Burial 3-7-66	Springfield	Cemetery	Sykesville	Md.	
24	FUNERAL DIRECTOR	ADDRESS	25a. REC'D		GISTRAR'S SIGN	NATURE
1	HADDIN YII Klainht	describe no	MAR 1	A	arles &	. 145
_	Tuvuj a. mugile su	recitive, 116	LL . DATE	0 1000	- Las	roge

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Good M. SETS, M.D. Ph

3-0-65

VR A15 (4)

## MARYLAND STATE DEPARTMENT OF HEALT

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

03596 CERTIFICATE OF DEATH	DIAISION	OF STATISTICAL	KESEAKCH AND	RECORDS,	201 1	I. PKESIOI
	03596		CERT	IFICATE	OF	DEATH

a. COUNTY	a. STATE AS b. COUNTY
MARYLAND MARYLAND	Mary ANd Carroll
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Rural RD#1 Life	Pural - NAMISTEAD Maryland
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  O. IS RESIDENCE ON A FARM?
HAMPSTEAD Maryland	Houdrsville Rua & YES NO
3. NAME OF First Middle	Last OF Month Day Year OF DEATH March 26 19 66
(Type or print) Constant Eugene C/	serode
5. SEX 6. COLOR OR RACE 7. MARRIED THEVER MARRIED 8.	DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
108, USUAL OCCUPATION (Give kind of work   1Db, KIND OF BUSINESS OR INDUSTR	JULY 30 80 1 34 yrs.   11. BIRTHPLACE (Coupts & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
done during most of working, life, avan if ratired)	
Black SHITT Wheel Wright	Carroll Courty Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
DAMUEL ELSPROAC.	HOELCIAE Green.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT ON Address
NO 217-12-2148 /1	W Cana Clourod, Hangelow Maylow
18. CAUSE OF DEATH [Enter only ona cause paylina for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:	ONSEI AND GEATH
IMMEDIATE CAUSE (a) Organia (	Jeeluseun 6 Cays
4201 DUE TO //	17.9
Conditions, if any, which (b)	Ryscarall.
gava rise to immediate causa (a), stating the underlying DUE TO	0,1111
causa last. (c) Celeschiel	(jery / pourles Misland
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING 1 CAUSE OF DEATH 1 1 CA	(Enter nature of injury in Part I or Part II of itam 18.)
	CE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
	ory, streat, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from.	mark 20 1966 to March 26 , 1966, that (1) (we) last
	death occured at.5M, from the causes and on the date stated above.
2Ra. SIGNATURE	ATTENDING MED. STAFF 22b. DATE
Small & State of M	NING MA DIRECTOR DILIVE 3/4/
PHYSICIANS NAME/(Type)	22d. ADDRESS
Joseph E. Bush MD	HAMPSTEAD, Mary DNd
238. BURIAL, CREMATION, 256. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 3/29/66 Wesley Ceme	etery Carroll Co., Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25- PLOTO O REGISTERY P256. REGISTRALIS SIGNATURE
Tipton-Eline Fun. Home, Hampstead	d, Md. DATE

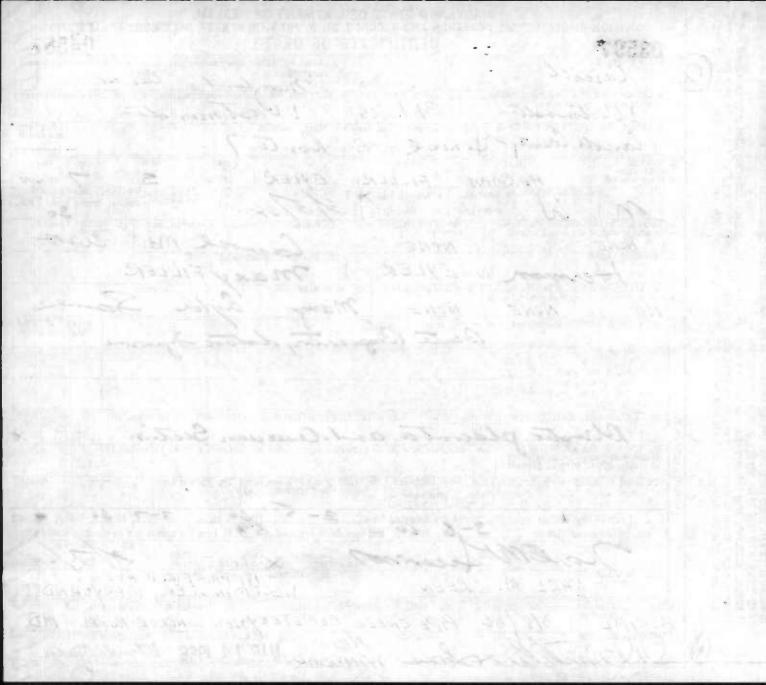
3,2250 2051 Steller Matena-illan Em. Hone, Lamestead, Md.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and many event, within 72 hours after death. 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	03597	CERTIFICATI	E OF DEATH			() 0	587
1.	PLACE OF DEATH		2. USUAL RESIDENCE	E (Where deceased	lived, If Institution	n: Residence	before admission)
17	e. CDUNTERNOCK	ALADAI AND	a. STATE	/ /	b. COUNTY	sel	
<u>r</u>	b. CITY OR TOWN (If outside corporate limits.	MARYLAND	c. CITY OR TOWN (If	Joutside corporate		RAL and gly	e neerest town)
	b. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)	36 hours	110	1-7-	1=	01	_/
-	d. NAME OF HOSPITAL OR INSTITUTION (If not i		d. STREET ADDRESS	June	3 -90	- C (6	. IS RESIDENCE
	di Marie di Mosi Maz di Mosi d	in inospital, give street address;	1				ON A FARM?
	canto court	eniral HOSP.	Korte			Y	TES NO
3.	NAME OF First DECEASED	Middle	Last	4. DATE	Month	Day	Year
	(Type or print) HERMAN	FILLER	EYLER	DEATH	3		7 1966
5.	SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	9. AGE	(In years IFUN Mont	DER 1 YEAR	Hours   Min.
	M MIDOW	ED DIVORCED	3/5/64	9	yrs.	ns Days	36
10		. KIND OF BUSINESS OR	11. BIRTHPLACE (C	ounty & State, or for		2. CITIZEN C	OF WHAT
au	ring most of working life, even if retired)	NONE		-2	M.	COUNTRY	517
13	B. FATHER'S NAME/	TVUNE	14. MOTHER'S MATE	DEN NAME	, , , ,		
	Harmon W	EYLER	ma	CKUFI	ILLER		
1!	5. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.   17.	INFORMANT	chy	Address		
	es, no, or unkown) (If yes give war or dates of service)		100	Gila	<	2	Q
-	NO NONE	71011	Many	Miles		122	THE PERMIT
	18. CAUSE DF DEATH [Enter only one cause p	er line for (a), (b), and (c).]		,	5	ONS	RVAL BETWEEN ET AND DEATH
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	raile Page	calor de	shon -	te 20/252	ne	
	/6/0 DUE TO	•	/		0		
Н	Conditions, if any, which (b)						
	gave rise to immediate ( cause (a), stating the DUE TO						
	underlying cause last. (c)						
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL	DISEASE CONDITIO	N GIVEN IN PART	1(a)   19.	WAS AUTOPSY PERFORMED?
CERTIFICATION	Mounte pla	contra an	I Cisain	100 Se	itan	YE	S NO DA
E	20a. ACCIDENT WAS UNDERLYING [7]   20b	. DESCRIBE HOW INJURY OCCU			or Part II of Item		
ER	20a. ACCIDENT WAS UNDERLYING 20b OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER)						
		d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, fa	arm. 20f. (City	or town)	(County)	(State)
MEDICAL			ry, street, office bldg., e			(0000110))	(0.00.0)
ME		vork at work				-//	
	21. I certify that (#) (this hospital) atte			966, to			at (I) ( last
	saw the deceased alive on	-,6 1966, and that	t death occurred at	M, from th			
	22a. SIGNATURE	1	ATTENDING PO	MED 6		DATE SIG	NED
	Jacob 10	reen M.D	PHYS.	MED. S DIRECTOR P	TAFF HYS.	1/	166
	22c. PHYSICIAN'S NAME (Type) KAPI M	PERM	22d. ADDRESS	181 FAIRT	FIELD AV	VE.	
	KAKL	OKEEN	WEST	TMINST.	ER, MI	ARYLY	IND
23	a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATI	ON (CIty, town o	r county)	(State)
1	BURIAL (Specify) 3/8/66	PIPE CREEK	CEMETER	YNEW WI	NDSOR K	PURAL	MD,
	4. FUNERAL DIRECTOR	ADDRESS	25a. RE	C'D BY REGISTRAF	25b. REGIST	RAR'S SIGN	ATURE
3	1/1/2/a-6/2, x	Morra Will	IDE O DOATE A	R 14 196	6 galia	rles &	udge
1=	1926AF	THE WAY	THE OWNER OF THE OWNER OWNER OF THE OWNER OWNE			0	-0
4	0-17/080						



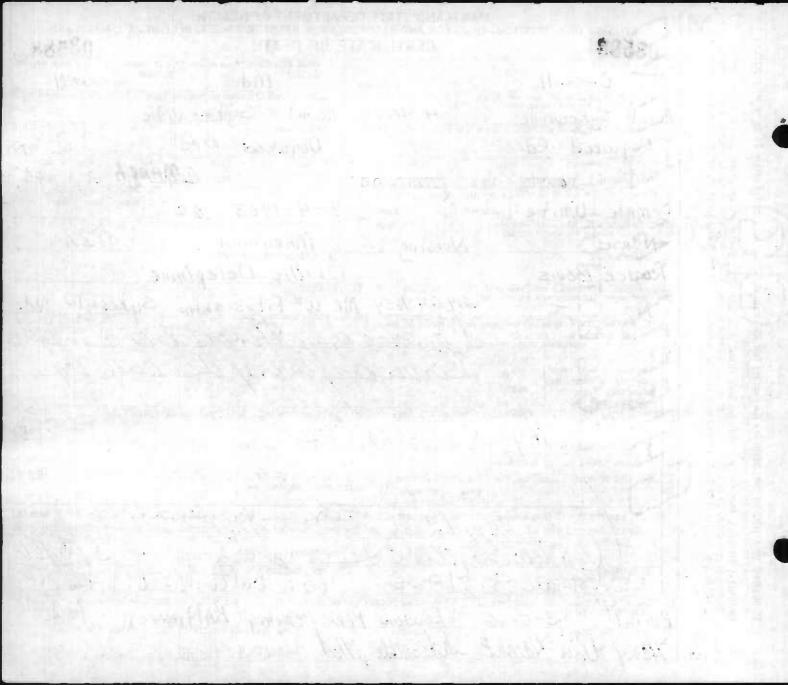
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1/65 VR A15 20M 1,

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 03598

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission)
a. COUNTY	a. STATE DO I b. COUNTY
CARROII MARYLAND	Md. CARROLL
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RUTAL- SYKESVILLE 4 YEARS	ROTAL SUKPEVILLE 06-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   e. IS RESIDENCE
	ON A FARM?
Dogwood Rd.	20-2000
3. NAME OF First Middle DECEASED	Last 4. DATE Month Oay Year
(Type or print) DEROTHY MAY FITZSTMONS	DEATH 4 17 2 1966
The state of the s	B. DATE OF BIRTH 9. AGE (In years II UNDER 1 YEAR) IF UNDER 24 HRS.
Femile 11) hite WIDOWED TO DIVORCED TO	8-4-1903 (ast birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT
during most of working life, even if retired) INQUSTRY	COUNTRY?
NURSE NURSING	Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Rogier Bouis	Lillie Deleplaino
	INFORMANT Address
(Yes, no, or unkown) (If yes give war or dates of service) 214 24 0/511	194 511
NO 1 - 1037 111	e. Wm Hitzsinimons Sykesville, Md.
18. CAUSE OF DEATH [Enter only one cause per ine for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	301 HAS PELLO MS instant
1/3 01	
Conditions, If any, which	26 RN 101 NI 10010 1-11.
gave rise to immediate (b)	y way our early
cause (a), stating the DUE TO	
underlying cause last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONTRIBUTION	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEO?
5 NUDEYLANISI	Pre / YES NO NO
20a, ACCIDENT WAS UNDERLYING (1)   20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	(Charles)
- facto	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)
Hour a.m. While Not While pm. 19 at work	1
21. I certify that (I) (this hospital) attended the deceased from	OSC. 1963 to MONOWOOD 1966 that (1) (we) last
1 414 - 1/9/ 1/1/	
saw the deceased alive on 11 Color 19 100, and that	death occurred at 5 M from the causes and on the date stated above.
Lea State DII and A	ATTENDING MED. STAFF
MI MULES MULLES M.D	PHYS. DIRECTOR PHYS.
22c PHYSICIAN'S A MAME (TVDA)	22d ABORESS ACT CATO
1 Christian S. MASS	1001 Dullo INCOU CANECL
	OR CREMATORY   23d DOCATION (City, town or county) (State)
BUTIAL (Specify) 3-5-66 Lowdow PA	ex Cemetery BAltimore. Md.
24. FUNERAL DIRECTOR 4 ADDRESS	1 25a. REO'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
Yland Villas Ylaisht Il is MA	nd man no some and a n
Hurry war Halgher - Ayresirle 1	Ill. 10ATEAR 8 1966 Marley Judges



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deaph.

	MARYLAND STATE DEPARTMENT OF HEALTH	
	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOR	E 1, MARYLAND
3593	CERTIFICATE OF DEATH	035
000		0 - 1

1.	PLACE DF DEAT					a. STATE	ENCE (When	re deceased 1	ived, If ins		esidence	before admiss	ion)
_	Carroll		Parith.	MARYLAN		Maryl				altim			· · · · ·
	write RURAL	N (if outside corporate and give nearest tow	n)	c. LENGTH DF STAY IN	11	CITY OR TOWN		corporate	limits, wr	ITE KUKAL	and giv	e nearest to	VII)
_	Sykesvi	lle		2yrs.10mos.	17dy						30		-
	d. NAME OF HO	SPITAL OR INSTITUTIO	N (if not in h	nospital, give street addr	ess)	1. STREET ADDRES					9	ON A FARM	
	Springi	field State	Hospit	tal		2908 Elg	gin Av	78.			Y	ES NO	
3.	NAME DF DECEASED	Fi	rst	Middle	1-	Last	4. D	ATE	Monti	h	Day	Year	
	(Type or print)	HA	TTIE	FLORENCE		GASKINS	D	EATH		H 12		1966	
-	SEX		7. MARRIED	NEVER MARRIED		DATE OF BIRTH		9. AGE		IF UNDER Months	1 YEAR	FUNDER 241	IRS.
F	emale	Negro	WIDOWED	Sep DIVORCED	] 11	-21-1879		86	yrs.	Wonths	Days	Hours   M	ın.
10a dur	Ing most of work None	FIDN (Give kind of work ing life, even if retire	done 1Db. i	(IND DF BUSINESS DR NDUSTRY		11. BIRTHPLACE Virginia	(County & S	State, or fore	ign country	l CE	UNTRY	F WHAT	
13.	FATHER'S NAM	IE .			1	4. MOTHER'S MA	AIDEN NAN	/E					
	Robert	Lee Robins	on			Nancy Wes	st						
		EVER IN U.S. ARMED FO		SOCIAL SECURITY NO.	17. IN	FDRMANT		01	Addres	ss	1	/	
	es, no, or unkown)	(11 Aez dine wat of matez o	1 Service)		m	ary Man	164.	Jack	ine o	2908	Ell	mi Ar	E
	6.21.600			line for (a), (b), and (c). ]								RVAL BETWEI	
	PART I. DI	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a) C	ronic conges	stive	e heart f	ailur	e			mor		
	420	O DUE	то										
	Conditions, If		(b) A1	rteriosclerot	tic l	neart dis	ease				yea	rs	
	gave rise to cause (a), s		TD										
	underlying caus		(c) Ge	eneral arteri	osc.	lerosis,	sever	e			yea	urs	
CERTIFICATION	PART II. OTHER	SIGNIFICANT CONDITION	ONS CONTRIB	UTING TO DEATH BUT NOT	RELATE	D TO THE TERMINA	AL DISEASE	CONDITION	GIVEN IN	PART 1(a)		WAS AUTOPS PERFORMED ND	
RTIF	2Da. ACCIDENT	WAS UNDERLYING TING CAUSE DF DEATHER MEDICAL EXAMI	7H 20b.	DESCRIBE HOW INJURY	OCCURR	ED. (Enter nature	of injury	In Part I or	Part II o	f Item 18.			_
	(IF EITHER, NO	TIFY MEDICAL EXAMI	NER)										
MEDICAL.	Hour a.i		While	Not While	PLACE factory,	OF INJURY (Home street, office bldg	, farm, 20 ., etc.)	Of. (City o	r town)	(Cou	inty)	(State	)
Z	P.I		at wor	k at work led the deceased from	14-	25-63	10	to 3-7	2-66	. 19	ih.	at (I) (we) !	201
1			3-12-6	4		eath occurred a	9:00	Phom the	0001100		,	stated abo	
	22a. SIGNATU		0 /	, allu	tilat u	eath budined a	14	n, moin the	6 640363	1 22b. D			40.
	agele	etin de	6-6	ambo	M.D.	ATTENDING PHYS.	MED. DIRECTE	OR PH	AFF IYS.	3-11	1-66		
	22c. PHYSICIA NAME (T	Aype) Agustin	del Ca	mpo,/M.D.		22d. ADDRESS		ingfie.	ld St			ital	
238	BURIAL, CREM	MATION, 23b. DATE	THEREOF	23c. NAME OF CEME	TERY O	R CREMATORY		. LOCATIO				(State)	
	BUKLA	e March	19/66		011	Em Tau		all	elec	0/	m	d	
24	FUNERAL DIRE	CTOR CALL	1	ADDRESS	1.	25a.	REC'D BY	REGISTRAR					
1	Yould,	1. Plets	11/11	2971, Call	ine	DATE	IAIL/II/	10 1	966	fine	nece	Judg	4
. /												21	

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Robert Lee Robinso

. J. H comet Leb aldaughter this.

AND RESIDENCE . THE TOTAL

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Female | Megra | Female | September 11-21-1879 | 86

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please, remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

	DIVISION OF STATISTICAL RESEARCH AND RECORDS		MARYLAND
	USOU CERTIFICAT	E OF DEATH	03500
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution:	Residence before admission)
	Carroll MARYLAND	a. STATE Maryland Carro	17
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURA	
	Westminster 2 weeks	Woodbine	0/- 1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
	Carroll Co. General Hospital	none	YES NO
	NAME OF First Middle DECEASED (Type or print) CFORGE RAYMOND GOS	Last 4. DATE Month OF DEATH March	Day Year 9 . 1966
	GEOTIGE TELETIONE	SNELL   DEATH March  8. DATE OF BIRTH   9. AGE (In years   IFUNDE)	
ma.	A MARKIED I	Oct. 8, 1891   last birthday)   Months	Days Hours Min.
10a.	USUAL OCCUPATION (Give kind of work done not move to find of business or not move to find of business or not move the find of business or not move the find of business or not move the find of the fi	11. BIRTHPLACE (County & State, or foreign country)   12.	CITIZEN OF WHAT
duii	laborer	Maryland	QUNTRY? U.S.A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	William B. Gosnell	Emily Gartrell	
15.	WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address	
(Yes	ves W.W. 1	. Guy Grimes, Sykesville	БМ
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), 1	ody drimes, bykesville	I INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY:	~ /0	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	t Carcinoma	
	1992 DUE TO		
	Conditions, If any, which gave rise to immediate (b)		
	cause (a), stating the DUE TO		
-	underlying cause last. (c)		
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	) 19. WAS AUTOPSY PERFORMED?
SA			YES NO
E I	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of injury in Part I or Part II of Item 1	8.)
8	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
S.	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm,   20f. (City or town) (Co	ounty) (State)
MEDICAL	Annie Mot Antie	pry, street, office bldg., etc.)	
Σ.		Fat 24 1966 to marg, 196	a/a Abak (I) (wa) last
	21. I certify that (I) (this hospital) attended the deceased from	t death occurred at 9.33 M, from the causes and on	that (I) (we) last
	saw the deceased alive on 1966, and that	t death occurred atM, from the causes and on	the date stated above. Date signed
	John & Marchen	ATTENDING MED. STAFF	616
1	22c. PHYSICIAN'S	D. PHYS. DIRECTOR PHYS. L	77/64
	NAME (Type) JOHN S. HAR SHEY	8 aucho St. Westmen	nothing had
23a.		Y OR CREMATORY   23d. LOCATION (City, town or co	ounty) (State)
	REMOVAL (Soecify)	hapel Carroll Co.Ma	rvland
24.	FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR   25b. REGISTRAL	S'S SIGNATURE
C	.M. Waltz, Box 241, Sykesville, Md.		es Judge

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## DIVISION

MARYLAND STATE DEPARTMENT OF HEALTH	
N OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO	RE 1, MARYLANI
CEDTIFICATE OF DEATH	113501

	D35UL			CERTIFIC	GAIL	UF DEATH				198		
1.	PLACE OF DEATH					2. USUAL RESIDENC	E (Where	deceased lived, If	Institution: R	esidence	before ad	mission)
	Carrol	1		MARYL	AND		and			mam	UT.	
_	b. CITY OR TOWN	N (If outside corporate lin and give nearest town)	nits,   c. 1	LENGTH OF STAY		c. CITY OR TOWN (If	outside	corporate limits,	write RURAL	end giv	e neares	t town)
	Sykesvi			r.3mos.2	5dys		burg	,	/	5-	2	1
		SPITAL OR INSTITUTION (IF	not in hospit	ai, give street ad	dress)	d. STREET ADDRESS				8	. IS RES	DENCE ARM?
	Springf	ield State H	ospital			214 Hutt					ES 🗌	NO 🗖
3.	NAME OF DECEASED	First		Middle		Last	4. DA		onth	Day	Yea	
	(Type or print)	HARR		DeWALT	-17	GRABLE			RCH 1		19 (	
5.			MARRIED [	NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In yea last birthda	rs IF UNDER y) Months I	1 YEAR	Hours	Min.
	Male		IDOWED	DIVORCED	2	6-15-1900		65 yrs				
10a	IN MOST of WORK	ION (Give kind of work done ing life, even if retired)	10b. KIND (	OF BUSINESS OR		11. BIRTHPLACE (Co	ounty & St	tate, or foreign cou	ntry) 12. C	ITIZEN ( DUNTRY:	OF WHAT	
241		er (retired)				Pennsylv					5.A.	
13.	. FATHER'S NAM	E				14. MOTHER'S MAID	EN NAMI					
	Oliver G	rable				Gobith	a Ko	iehl				
15 (Ye	. WAS DECEASED E	EVER IN U.S. ARMED FORCES	S? 16. SOC	IAL SECURITY NO.	17.	INFORMANT		Adı	iress			
1	No			09-4951	Re	cords, Spri	ngfi	eld Stat	a Hospi	tal		
		DEATH [Enter only one can			).]					LINITED	RVAL BET	DEATH
	PART I. DE	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Arterio	scleroti	c he	art disease	4144			Ye	ars	
	4.21	DUE TO		1 - 1 3 1								
	Cenditions, If											
Ы	gave rise to	Immediate (					100					
	cause (a), st underlying caus	e iast. (c)	Broncho	pneumoni	a					Da	ys	
NOI	PART II. OTHER S	GIGNIFICANT CONDITIONS	CONTRIBUTING	G TO DEATH BUT N	OT RELA	TED TO THE TERMINAL D	DISEASE	CONDITION GIVEN	IN PART 1(a)	19.	WAS AU PERFOR	TOPSY MED?
CAT	Adult si	ituational re	action	(Depress	ive	reaction)				YE	-	NO K
CERTIFICATION	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT	WAS UNDERLYING INCOME CAUSE OF DEATH TIFY MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJUR	Y OCCU	IRRED. (Enter nature of	Injury I	n Part 1 or Pert	ll of Item 18	.)		
		INJURY Month, Day, Year	1	Y OCCURRED   2		CE OF INJURY (Home, fa		f. (City or town	) (Co	unty)	(5	State)
MEDICAL	Hour a.n	n.	While -	Not While	facto	ry, street, office bldg., e	tc.)					
Σ	p.r		1	et work	om 77	-23-6/1 10	9	to -3-18-	66 . 19_	th	at (I) (v	ve) last
	saw the dec	y that (I) (this hospital ceased alive on 3-	18-66	19 a	nd that	death occurred at	1:35	from the caus				
	22a. SIGNATUR	ouded alled the	1	, a	id that			,		ATE SIG		
	agus	in del	Cam	poo.	M.D	ATTENDING	MED. DIRECTO	R PHYS.	X 3-2	22-6	6	
	22c. PAYSICIA		-3 0	/ 11 2		22d. ADDRESS	Spri	ngfield			ital	
	NAME (T)	ype) Agustin d	el Camp	so, M. D.				sville,				
238		anifin a	REOF 23	C. NAME OF CE	METERY	OR CREMATORY	23d.	LOCATION (City	, town or co	unty)	) (SI	tate)
	BUTIA SPE	3-24-6	6	Freedo	M	Cemetery		Sykes V.		11	la	
24	FUNERAL DIRE	CTOR	1 0	ADDRESS		10 d   25a   REC	C'D BY R	EGISTRAR 25b.			ATURE	B
	Harry	Der Haight	sty	Kesville	, Y.	Ma. DATMA	R 28	1966	gelian	Ces y	nog	
					9							

VR AI5 (4) 20M 1/65

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then descrimove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it was event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Carroll MARYLAND	Maryland Carroll
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town)
Rural Woodbine Life	Rural Woodbine 06-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
R.F.D. # 1	R.F.D.# 1 DNA FARM?
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) Francis E.	Grimes DEATH March 10 1966
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	B. DATE OF BIRTH 19 AGE (In years LIFTINDER 1 YEAR HE LINDER 24 HRS
Male White WIDOWED DIVORCED	Jan. 11 1905 61 yrs. Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
Farmer Farming	Carroll Co. Md. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Elmer Grimes	Lillian Fleming
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. (Yes, no. gr unkown)   (If yes give war or dates of service)	INFORMANT Address
	rs Hazel S. Grimes Same as # 2
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute cardiac fail	ure, arteriosclerotic heart 1963
4200 DUE TO	disease through
Conditions, If any, which ) (b) Anasarca, pleura a	fusion, arteriosclerosis, 1966
gave rise to Immediate ( cause (a), stating the DUE TO	generalized:
	cinoma of the larynx. 30411 ago
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY
PATERIAL	PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of Injury In Pert I or Part II of Item 18.)
	CE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
	ry, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	1963, to March 10, 1966, that (I) (we) last
	death occurred at4:30 M, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
Howard & Hall " M.D	ATTENDING MED. STAFF March 11, 1966
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) Howard E. Hall, M.D.	Sykesville, Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY BUTIAL (Specify) 3/13/6 Taylorsvil	OR CREMATDRY 23d. LOCATION (City, town or county) (State)
1 37 37 0 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Le Cemetery Carroll Co. Md.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
C.M. Waltz Box 241 Sykesville, Md.	DAMAR 15 1966 Clearles Judge

VR AI5 (4) 20M 1/65

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## FOR STATE HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Jorn PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and Zwith the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. TO DEPUTY MEDIS

VR AISME (5)

MARYLAND STATE DEPARTMENT OF HEALTH

Division of S	STATISTICAL RESEA	RCH AND RECORD	S, 301 W. PRESTON	STREET, BALT	IMORE 1, MARYLAND
03608	MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEAT	H USSY
DI ACE OF DEATH			II o Hollet Broadener	(MI) 1 1 II	Later Committee Designation Later

ď	a. COUNTY	п				a CTATE	E (Where deceased lived, it inst	itution: Residenc	te before admission)	
		arroll		MARY	LAND	Mar	yland	County	Canel	
	b. CITY OR TOW Write RURAL	/N (if outside corporat and give nearest tow	e limits,	c. LENGTH OF STAY	/ IN 1b	c. CITY OR TOWN (If	outside corporate limits, wri	te RURAL and g	lve nearest town)	
	Westmi	nster RD#5		few hou	rs	Westminst	er RD #4	06-	/	
	d. NAME OF HO	SPITAL OR INSTITUTIO	N (if not In h	ospital, give street a	ddress)	d. STREET ADDRESS			ON A FARM?	
3	. NAME OF	FJI	rst	Middle		Last	4. DATE Month	Day		
	(Type or print)	DENTO	N	GEHR	HAI	NES	OF DEATH March	27,	1966	
5	. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	D	B. DATE OF BIRTH	10 ACF (In years II	ETINDED 1 VEAR	R IF UNDER 24 HRS.	
	male	white	WIDOWED	DIVORCE	S	ept. 5, 189				
d	Oa. USUAL OCCUPAT uring most of work Shipw	TION (Give kind of work) ling life, even if retired right U.S.	done 1Db. K i) II Coast	IND OF BUSINESS OR NDUSTRY Guard		Carroll Co	ounty. Md.	U.S.A	1Y?	
1	3. FATHER'S NAM					14. MOTHER'S MAIDEN NAME				
	John	L. Haines				Fannie 1	Bell Wagner			
(	15. WAS DECEASED Yes, no, or unkown)	EVER IN U.S. ARMED FO (If yes give war or dates or	(service)	SOCIAL SECURITY NO 3-09-8159		INFORMANT	Address e H. Dayhoff		RD#4	
TION	PART I. Di  4 2 0 1  Conditions, if gave rise to ceuse (a), s underlying cause	Immediate tating the se last.	(e) (V) TO (c)	aron	asy his	Throw yellise,	Case (a Ce	ON 7.	ERVAL BETWEEN SET AND DEATH  SET AND DEATH  WAS AUTOPSY PERFORMED?	
CEDTICICATION		L CAUSE WAS CONTRIBUTING [] IH.	20b. I	DESCRIBE HOW INJUI	RY OCCU	RRED. (Enter nature of	Injury in Part I or Part II of	Item 18.)		
MEDICAL	20c. TIME OF Hour e.i			NJURY OCCURRED 2		CE OF INJURY (Home, fa ry, street, office bldg., et		(County)	(State)	
	21. I certify	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion								
		death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER								
	SIGNATURE_	Neles	14/	Theels	he		ICAL EXAMINER	22	2. DATE SIGNED.	
	EXAMINER'S NAME (Type)		1			Address (Street	LEXAMINER X		- Carroll	
2	3a. BURIAL, CREM REMOYAL (SP DUTIAL	AATION, 23b. DATE 1 3/30/6		Sam's Cre		OR CREMATORY	rural New Win	ndson	(State) Md.	
1	FUNERAL DIRE		Msi	ADDRESS Trustu	mi	25a. REC	'D BY REGISTRAR   25b. RE	GISTRAR'S SIGI		
	4		1-1							

The section of the se A Committee of the comm nedkell 1 moot mentalistant transfer in an electric term the re-free A Marie Committee Committe may let of leaves a superior less and the leaves an

executed within 24 hours after death. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be false been, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after feeth. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

VR AIS (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1 UUUV	_Bt.				0 00 3
1. PLACE OF DEA' a. COUNTY	TH Troll		a. STATE	CE (Where deceased lived, If Institution: I b. COUNTY	Residence before admission)
		MARYLAND			roll
b. CITY OR TO	WN (If outside corporate II L and give nearest town)	mits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, write RURAL	and give nearest town)
Westmins		12 days	Frizzelb	urg	01-1
		f not in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
			d. OINCE! ADDRESS		ON A FARM?
	County Gener	1 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	11		YES NO X
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Year
(Type or print)		CARROLL H	ARMAN	DEATH March	2 1966
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9 AGE (In years LIFTINDER	1 YEAR IF UNDER 24 HRS.
male	white v	VIDOWED TO DIVORCED	Dec. 2, 18	last birthday) Months 85	Days Hours Min.
10a. USUAL OCCUPA	TION (Give kind of work done	10b. KIND OF BUSINESS OR INDUSTRY		ounty & State, or foreign country)   12. C	ITIZEN OF WHAT
retired		huckster	Connoll Co		OUNTRY?
13. FATHER'S NA		nuckster	14. MOTHER'S MAIL	ounty, Maryland DEN NAME	U.S.A.
Geor	ge D. Harm	an	Mary Ecka	rd	
15. WAS DECEASED	EVER IN U.S. ARMED FORCE		INFORMANT	Address	
(Yes, no, or unkown)	(If yes give war or dates of serv	rice)		Fri	zzelburg
		220-16-0304   N	rs. Delmar		vland
18. CAUSE OF	DEATH [Enter only one ca	use per line for (a), (b), and (c).]			INTERVAL BETWEEN
PART I. D	DEATH WAS CAUSED BY:	DO	1 1 11	4	ONSET AND DEATH
11/2	IMMEDIATE CAUSE (a)_	- Julian	Lembor		
460	DUE TO				
Conditions, If					5 - 6 TO 6 - 15 E
gave rise to	Immediate (		- 0		
cause (a),		the mutoffle	latio Ple	4	B. Seibles 1984
underlying cau	1 10/-	1100000		<i></i>	
PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINALT	DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
ICA	000-0-	elevation (feart	Doense		YES NO
PART II. OTHER  20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	T WAS UNDERLYING  TING  CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of	finjury in Part I or Part II of Item 18	3.)
	INJURY Month, Day, Year		ACE OF INJURY (Home, fa ory, street, office bldg., e	arm, 20f. (City or town) (Co	unty) (State)
Hour a		While at work at work	ny, sa eet, onice blug., e		
			- 1 -	11 11 11 11	/
		) attended the deceased from			that (I) (we) last
saw the de	eceased alive on	<u> </u>	t death occurred at 2	M, from the causes and on t	the date stated above.
22a. SIGNATI	URE			22b. [	DATE SIGNED
	John 5	Harshey M.		MED. DIRECTOR PHYS.	ca 2, El.
22c. PHYSICA	TAN'S		I 22d. ADDRESS		1.7.00
NAME	Type) JOHN	S. HARSHEY M	. 9 8 auc	honst. Westun	with und
23a. BURIAL, CRE REMOVAL (SI	MATION, 23b. DATE THE	REOF   23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City, town or co	ounty) (State)
burial	3/5/66	Meadow Branc	h Cemetery	nr Westminster,	Maryland
24. FUNERAL DIR		ADDRESS	25a. RE	C'D BY REGISTRAR   25b. REGISTRAR	'S SIGNATURE
110-	0,	1-1-5	0 1440		
1.7.11	4.2. myero, fr., Westminelle, md. DAMAR 4 1966 Jacober Judge				
	7				4.0

wild Sil Dallageoff Interest winner Council see legal of the state of the Dec. 2, 1835 - 89 Christian Jounty, Paryland - 1.7. A. A. T-64 3500K bourgest become the thirty and Above - Comment They with the state of the time and the second of the second of the second The state of the s The state of the s the second of the second of the second of the second bordel 3/2/66 Meadow Branch delearry Hr Wedthinster, Maryland

Comments of the following the Comments of the

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please tempore carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and many event, within 72 hours after death

	MARYLAND STATE DEPARTMENT OF HEALTH	
STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, CERTIFICATE OF DEATH	MARYLAND
	CERTIFICATE OF DEATH	(10999)

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, 03505 CERTIFICATE OF DEATH	MARYLAND 13595
1. PLACE OF DEATH a. COUNTY  D. CITY OR TOWN (if outside corporate limits, write RUFAL and give nearest town)  LES VILLE  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  2. USUAL RESIDENCE (Where deceased lived, If institution a STATE  D. COUNTY  C. CITY OR TOWN (If outside corporate limits, write RUFAL)  C. CITY OR TOWN (If outside corporate limits, write RUFAL)  A NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS	RAL and give nearest town)  30 - 4
SPRING LELD STATE HOSP, SURESVILLE MOUNTED LAST 4. DATE MONTH DECEASED (Type or print)  S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  MALE NEGRO WIDDWED DIVORCED 5. STATE OF BIRTH LAST MONTH  OF THE STATE HOSP, SURESVILLE MOUNTED STATE MONTH  OF THE STATE MONTH  OF	DAY YEAR IF UNDER 24 HRS.  S DAY HOURS Min.  CITIZEN OF WHAT COUNTRY?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkold)  16. SDCIAL SECURITY ND. 17. INFORMANT  Address  (Yes, no, or unkold)  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Massive  Myo cardial infarction	INTERVAL BETWEEN ONSET AND DEATH MINUTES
Cenditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last.  DUE TO  Broncho pneumonia Left lung  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART II.  DUE TO  Broncho pneumonia Left lung  20a. ACCIDENT WAS UNDERLYING TO DEATH DUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART II.  DUE TO  Broncho pneumonia Left lung  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item (IF EITHER, NDTIFY MEDICAL EXAMINER)	(a) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. p.m. 19 Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from 2/5/65, 19 to 3/26/66 19 saw the deceased alive on 3/26/66 19 and that death occurred at 4:55/M, from the causes and o	
22c. PHYSICIAN'S NAME (Type) SUHA OZCUN  23a. BURIAL, CREMATION, REMOVAL (Specify) 3/31/66  23c. NAME OF CEMETERY OR CREMATORY BALLIMORE (ALVARY CEM. BALLIMORE)  24. FUNERAL DIRECTOR  ADDRESS  125a. REG'D BY REGISTRA 25b. REGISTRA	Hol.

VR AI5 (4) 2DM 1/65

boa law adokan T The sent the El species and apply and the same Tranks now tee of Past in this is got all the dispense Market Newson X marketic and Secretary and American Secretary and Am THERE STREET BURNESS VERY NOTHER Sovier Halehell Lucy Docharus Muchiel god the Marymage character sell-10-118 Aland tolly as they some seek a manned nined silvans and silvans STATE THOUT CALLERY (BM. BASTIMASE COUNTY FOR to be a super with the medical and the super sup

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral death. and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY ges 1 after by the MARYLANO b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Page write RURAL and give nearest town) hours 2. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled within 72 | ON A FARM? NO YES completely i 3. NAME DE DATE Month Day First Middle Last 4. DECEASED event, (Type or print) DEATH 19 66 xecuted AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 5. SEX DATE OF BIRTH 6. COLOR OR RACE and cor 7. MARRIED NEVER MARRIED any WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT .= 10a, USUAL OCCUPATION (Give kind of work done | 11. BIRTHPLACE (County & State, or foreign country) physician please COUNTRY? during most of working life, even if retired) INDUSTRY and SIGN 13. FATHER'S NAME MOTHER'S MAIDEN NAME removal, attending permit. Then WOOL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. transit permit. (Yes, no, or unkown) (If yes give war or dates of service) death ECKER the INTERVAL BETWEEN n signed by the burial-transit p burial, cremati CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which (b) the bu gave rise to immediate DUE TO Eriosclerotic reart Sisesse cause (a), stating the has be as th prior t underlying cause last. WAS AUTOPSY CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health p PERFORMED? FUNERAL DIRECTOR: After this certificate irector, page 3 should be detached for use nould be filed with the State Dept. of Health bullion NO I YES PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While While retained by p.m at work at work 21. I certify that (I) (this hospital) attended the deceased from. and that death occurred at M. from the causes and on the date stated above. saw the deceased alive on DATE SIGNED 22b. 22a. SIGNATURE ATTENDING STAFF PHYS. M.D. DIRECTOR PHYS. 4 may O HOSPITAL ADDRESS PHYSICIAN'S 22d. director, p NAME (Type) (State) LOCATION (City, town or county) BURIAL, CREMATION, 23b. REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY 10 REC'D BY REGISTRAR REGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTOR 25a. VR AI5 (4) 20M 1/65

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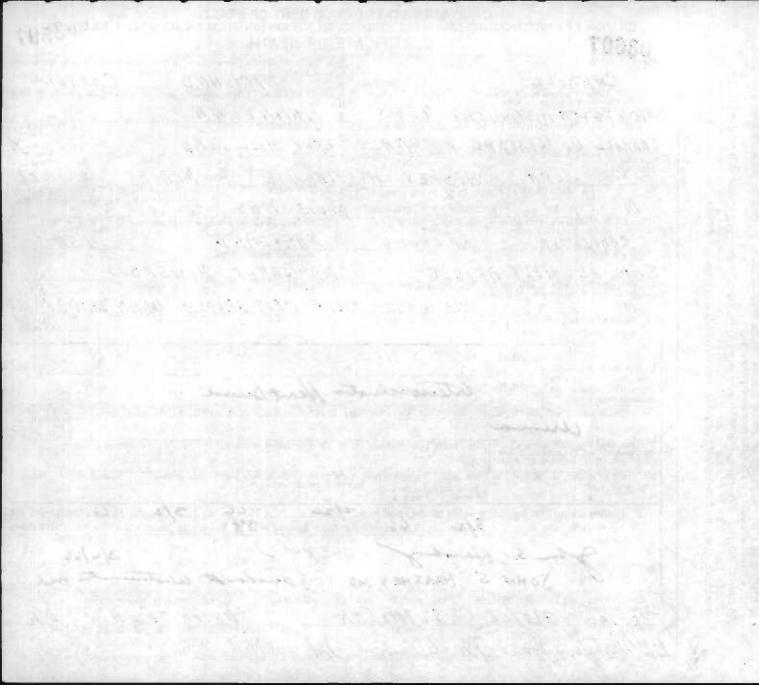
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please regrove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and many event, within 72 hours after death.

VR AI5 (4) 20M 1/65

	MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
3807	CERTIFICATE OF DEATH

1. PLACE OF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
CARROLL MARYLAND	8. STATE MARVIAND B. COUNTY CARRALL
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Write RURAL and give nearest town)  GNICATOWN WESTMINSTER 4 DAYS	UNIONTOWN 06-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS    6. IS RESIDENCE ON A FARM?
CARROLL CO GENERAL HOSPITAL	BARK HILL ROAD YES NOW
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) JOHN WESLEY HEL	TIBRIDLE DEATH MARCH 2 1966
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
M WIDOWED DIVORCED	NOV 13 - 1889 76 yrs. Months Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
CARPENTER RAILROAD	MARYLAND 115A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
SAMUEL HELTIBRIDLE	MARGARET BOWERSOX
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO.   17.	INFORMANT Address R1
NO 705-10-6739 HI	ILDA HELTIBRIDLE LINIAN BRIDGE MD
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ONSET AND DEATH
4200 DUE TO .	
Cenditions, If any, which (b)	
gave rise to Immediate cause (a), stating the DUE TO	
underlying cause last. (c)	Heart Disease
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
Sil Ulima	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIGIOUS ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA   Hour a.m.   While   Not While   factor   at work   at work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bidg., etc.)
p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from 2	126, 1966, to 3/2, 1966, that (1) (we) last
saw the deceased alive on 3/2 1966, and tha	t death occurred at 3 7 M, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF
22c, PHYSICIAN'S	
NAME (Type) JOHN S. HARSHEY MD.	& proporte Westment med.
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETER	Y OR CREMATORY   23d, LOCATION (City, town or county) (State)
REMOVAL (Specify) 3/5/66 LUTHERA	N UNION TOWN MD
24. FUNERAL/DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
DA Hartsler & Sonne Muc Windows	md DATMAR 7 1955 Acharles Judge
The mention of the mentioned	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH

funeral and 2 and the Page hours Ξ papers. iin 72 ho filled within 7 completely carbon event, remove and = physician ease and 급 = remova attending permit. Then permit. 5 cremation, the -transi p signed burial-t burial, peen the r prior 38 for use Health certificate r this certil detached f te Dept. of I State After pe 0 DIRECTOR: shoul 3 sho filed

death.

after

hours

within

executed

certificate

death

The

PHYSICIAN:

O HOSPITAL

physician. attending retail FUNERAL director, p 2

MACE OF BEATH 1. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Carroll Maryland Montgomery MARYLANO b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b write RURAL and give nearest town) Sykesville mos. 21 dvs. Rockville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AOORESS e. IS RESIDENCE ON A FARM? Springfield State Hospital 731 Owens Street YES NO -NAME OF First Middle Last DATE Month Year DECEASED OF DEATH (Type or print) EMMA (NMN) TNMAN March 19 66 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIEO 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | FUNDER 24 HRS last birthday) Months Oays Hours Min. female 3-6-78 white WIDOWED T DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? None England U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (naturalized) William Ackroyd Ann Spencer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) Records. Springfield State Hospital None CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND OEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure due to arteriosclerotic heart Years disease DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) Bronchopneumonia. Days right lung PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY Chronic brain syndrome, associated with senile brain disease, with psychotic reaction. Paget's disease of the skull. PERFORMEO? YES X NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURREO 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last M, from the causes and on the date stated above. saw the deceased alive on and that death occurred at SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MEO. STAFF PHYS. 30 PHYSICIAN'S 22d. AOORESS Springfield State Hospital NAME (Type) Antonius Glahn, M.D Sykesville, Maryland 2178h BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 4 moss Are. Wash emalion FUNERAL DIRECTOR ADDRESS REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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AUBLI crescon will a handywill thought about if you are for most adult by the three printings of the control of 9 to 100 Swormen and Line feethers, South Sid Carl Park , abroant Store that management of the language of the The trees to minute for the description of the control of the cont destal hand one of market

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

12

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE DF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	esidence before admission)
a. COUNTY  CARROLL  MARYLAND	a. STATE Maryland b. COUNTY Bal	to. City
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		and give nearest town)
Sykesville 1 yr.	Baltimore	30-4
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address	s) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Springfield State Hospital	116 University Pkwy.	YES ND
3. NAME DF First Middle DECEASED	Last 4. DATE Month	Day Year
(Type or print) Edna M. John	nson DEATH March I	.9, 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER last birthday) Months	Days Hours Min.
Female White WIDOWED DIVDRCED	11-21-70 80 yrs.	
10a, USUAL OCCUPATION (Give kind of work done   1Db. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CI	TIZEN OF WHAT
Teacher PUBLIC SCHOOL SYSTEM	Maryland U	.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
MOXISTUME CHARLES H. JOHNSON	WWWWWWWW SUSAN HOLTZ	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17		
(Yes, no, or unkown) (If yes give war or dates of service)	Hespital records	
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Comphys 1 Hooms	amphage	ONSET AND DEATH
THINEDITIE ONOGE (U)	71111454	110d1 S
Conditions, if any, which \ (a) Cerebral Ater	of a god award g	
gave rise to immediate	Toscierosis	years_
cause (a), stating the DUE TO	tic Heart Desease	Years
anastrying sauce tasti		119. WAS AUTDPSY
TAKE IT STILLER STATE TO THE TOTAL TO THE TOTAL TO THE TAKE IT STATE TO THE TAKE TO THE TAKE IT STATE TO THE TAKE	LATED TO THE FERMINAL DISEASE OUTDITION GIVEN INT ANY Z(a)	PERFORMED?
2Da. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW INJURY OF	Clippen (Enter nature of Inlury in Part I or Part II of Item 10	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE  2Da. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of Injury In Part I or Part II of Item 18.	
20c. TIME OF INJURY Month, Day, Year   2Dd. INJURY DCCURRED   20e. P	LACE OF INJURY (Home, farm,   2Df. (City or town) (Cou	inty) (State)
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY DCCURRED 20e. P face with the p.m. 19 while at work at work	ctory, street, office bldg., etc.)	
21. I certify that (I) (this hospital) attended the deceased from_	3-17 , 19 65 , to 3-19 , 19 6	6, that (I) (we) last
	hat death occurred at 2P M, from the causes and on the	
22a. SIGNATURE De R. Platin	1 025 0	ATE SIGNED
	M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	-13-00
22c. PHYSICIAN'S	22d. ADDRESS	
NAME (Type) Dr.Rita S.Glahn	Springfield State Hospital,	Sykesville,
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE	RY OR CREMATORY   23d. LOCATION (City, town or cou	inty) (State)
BURIAL 3/22/66 GREENMOU	INT CEMETERY BALTO. MI	Mayr (ND
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	SSIGNATURE
H.W. MEARS & SON 805 N. CALVERY	ST MAR 2 2 1966 Charles	Judge

VR A15 (4) 15M 4-64

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oscial, Staggilla	Spring Teld State P	in Cita S. Mahai	
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please tempore carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deapt. 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

() 36(1)

	03510	CERTIFICAT	E OF DEATH		03600
1.	PLACE OF DEATH a. COUNTY	MARVIANO	2. USUAL RESIDENCE (Where deco	b. COUNTY	esidence before admission)
	b. CITY OR TOWN	MARYLANO if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corp	orate limits, write RURAL	and give nearest town)
1t	wral me	124/	d. STREET ADDRESS	Hometer	e. IS RESIDENCE
7	o Poole	Road	70 Poule	Road	ON A FARM? YES NO 2
3.	NAME OF DECEASED (Type or print)	WILLIAM HENRY A	Last 4. DATE OF DEATH	Month	Day Year 3/ 19 66
5.		COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. OATE OF BIRTH 9.	AGE (In years   IF UNDER   Months	
10	PIRAL OCCUPATION	WIDOWED OIVORCED OIVORCED OIVORCED	11. BIRTHPLACE (County & State,	2 yrs.	TIZEN OF WHAT
du	ring most of working	life, even if retired) INDUSTRY	Bushing & state,	7 . 4 . (a)	UNTRY?
13	. FATHER'S NAME	D'	14. MOTHER'S MAIDEN MAME	6	
1	5. WAS DECEASED EV	RINU.S. ARMED FORCES?   16. OCIAL SECURITY NO.   17.	Margarit .	Address Address	
		yes give war or dates of service) 7/5-12-5578 1.	e William C.	Lander -	Same
		TH [Enter only one cause per line for (a), (b), and (c).]  H WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
		MMEDIATE CAUSE (a)	none		4 days
	Conditions, if an				
	gave rise to in cause (a), stat underlying cause	ng the DUE TO			
LION		AST. (C) NIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REI	LATED TO THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
CERTIFICATION	20a. ACCIDENT W	C HARPH VINC FT	CURREO. (Enter nature of injury in Pa	rt I or Dart II of Itam 19	YES NO
CERT	OR CONTRIBUTING	CAUSE OF DEATH ( MEDICAL EXAMINER)	OKKEO. (Eliter hature of injury in Fa	ti of Part II of Item 16.	
MEDICAL	20c. TIME OF INJ Hour a.m. p.m.		ACE OF INJURY (Home, farm, tory, street, office bldg., etc.)	City or town) (Cou	nty) (State)
		hat (I) (this hospital) attended the deceased from	A n' north of the		, that (I) (we) last
	saw the dece	sed alive on 3=3=19=, and th	1/		ne date stated above. Ate signed
	22c, PHYSICIAN'		D. ATTENOING MED. DIRECTOR L	STAFF PHYS.	
	NAME (Type	Ch=C. JENNETTE	WES mi	V3/Ex_M	d.
23	a. BURIAL, CREMAT REMOVAL (Speci		RY OR CREMATORY 23d. LO	CATION (City, town or cou	unty) (State)
2	4. FUNERAL DIRECT	DR ADDRESS	254. PHIC'D BY REGIS	TRAR 25 DEGISTRAR	S SIGNATURE
	4.2.	myla p. Whatmurste	THE GATE	66 Janes	Judge

A United

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PR

CERTIFICATE OF DE

MARYLAND STATE DEPARTMENT OF HEALTH	
RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	
CERTIFICATE OF DEATH	11360

1.	PLACE DF DEAT a. COUNTY	H arroll				2. USUAL RESIDEN a. STATE Mar	CE (Where decease	ed lived, If Inst b. COUN	itution: Resid	ence before	admission)
-			te Ilmits.	MARYLA  1 c. LENGTH OF STAY I		c. CITY OR TOWN (I					rest town)
	Westmin	VN (if outside corpora and give nearest townster	vn)	24 years		Westminst			01	- /	
	d. NAME OF HO	SPITAL OR INSTITUTIO	ON (If not in h	ospital, give street add	iress)	d. STREET ADDRESS				9. 1S R	ESIDENCE A FARM?
	100 E.	Main Stre	et			100 E. Mai	n Stree	t		YES [	No X
3.	NAME DF DECEASED	F	Irst	Middle		Last	4. DATE	Month		Day	Year
	(Type or print)	ROBE		ELMER	13:	LEE	DEATH	March			966
3	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8.	OATE OF BIRTH	9. A	GE (In years   I st birthday)	FUNDER 1 YI Months   Da		
1	male	white	WIDOWED	DIVORCED		ct. 25, 19	06   59	yrs.			
10	a. USUAL OCCUPA	TION (Give kind of work king life, even if retire	done 1Db.	(IND OF BUSINESS OR NOUSTRY		11. BIRTHPLACE (	County & State, or	foreign country)	12. CITIZ COUN	EN OF WH	AT
"	Chirop	ractor	,0,	HOOSIKI		Bedford,	Pa.		U.S		
13	. FATHER'S NAM	ΜE				14. MOTHER'S MAI	DEN NAME				
	Ross I	F. Lee				Cora N.	Beegle			QUE'	
		EVER IN U.S. ARMED FO		SOCIAL SECURITY NO.	17.	NFDRMANT		Addres	S	- 9	
1,			210	6-38-2536	Mr	s. Robert	E. Lee	same			- 100
	18. CAUSE DF	DEATH [Enter only or	e cause per	line for (a), (b), and (c).	1	1			11	NTERVAL ONSET AN	BETWEEN
	PART 1. D	EATH WAS CAUSED BY IMMEDIATE CAUSE		Ancimo	m	atosis				6 MO	
	180	X OUE		1	1		n /.				
Н	Conditions, If	any, which \	(b)	typernos	ho	ma -1	right		/	2-15	MOS
1	gave rise to cause (a), s		т0	01							
1_	underlying cau		(c)								
CERTIFICATION	PART II. OTHER	SIGNIFICANT CONDITI	ONS CONTRIB	UTING TO OEATH BUT NO	TRELAT	ED TO THE TERMINAL	DISEASE CONDIT	ION GIVEN IN F	PART 1(a)		AUTOPSY ORMED? NO-
CERTIF	20a. ACCIOENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING TING CAUSE OF DEADTIFY MEDICAL EXAMI	TH (TH (NER)	DESCRIBE HOW INJURY	OCCUF	RED. (Enter nature o	of Injury in Part	l or Part II of	Item 18.)		
CAL	2Dc. TIME OF	INJURY Month, Day,	Year   2Dd.	INJURY OCCURRED   20	e. PLAC	E OF INJURY (Home, 1	arm, 20f. (Cli	ty or town)	(County	)	(State)
MEDICAL	Hour a.	m. .m. 19	While at wor		Tactor	y, street, office bldg.,	etc.)				
2					m 2	-115	1952 to	3/21	1966	that (I)	(we) las
		eceased alive Dn	3/21	19 66, an	d that	death occurred at	7:20 M, from	the causes			
	22a. SIGNATU	JRE O	01	10					22b. DATE	SIGNEO	
	0	Julius	Cher	iko	M.D.	PHYS.	MED. DIRECTOR	STAFF PHYS.	722	166	
	22c. PHYSICI NAME (T	ANY Julius	Che	pko		22d. ADDRESS	Sreen S	+. Wes	tminster	- no	
23	a. BURIAL, CREI	MATION, 23b. DATE	THEREOF	23c. NAME OF CEN	METERY	OR CREMATORY	23d. LOCA	TION (City, to	wn or county	y)	(State)
	REMOYAL (Sp burial	3/24/6	66	Evergreen	Mem	Gardens	Finks	burg	Jarrol	la Mo	d.
2	4 FUNERAL OIR	ECTOR	1	ADDRESS		25a(V)	TO BY 4 EGIN	36 25b (4R)	GISTRATIS S	THE	Je.
	x.5.m	yere, gr.	WATM	unte ?	ud	DATE				0	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

THE RELIGIOUS Justine 1 has all the later of All Westernament BANKS . L. C. L. ACTUAL SERVICE SERVICES CONTRACTOR To get a more subject of the File Second Str Leadingston De The Court of the Party of the P

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay and should be execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

038	12	M	EDICAL	EXAMINER	'S	CERTIFIC	ATE	OF L	DEATH			IJA	12
1. PLACE OF a. COUNTY			110	em 14 flim	45	2. USUAL RES	IDENCE	(Where dec			tion: Resi	dence before	admission)
	Carro.			MARYLA	ND	a. STATE	Mary	yland	D.	COUNTY	Carr	oll	
b. CITY OF	R TOWN (If ou	itside corpora va naarest tow	ta limits,	c. LENGTH OF STAY	N 1b	C. CITY OR TOW	WN (If o	utsida cor	porate Ilmii	s, write	RURAL ar	nd give nea	rest town)
Manch	ester			3 weeks		Westmi		ter			0	6-1	
d. NAME C	OF HOSPITAL (	DR INSTITUTIO	N (if not In h	ospital, give street add	ress)	d. STREET ADD						e. IS F	A FARM?
Longvi	ew Nur	sing Ho	ome			277 Per	nna.	. Avei	nue			YES	NOK
3. NAME OF DECEASED		FI	rst	Middle		Last		4. DATE OF		Month		Day	Year
(Type or p		CHARI		HENRY	-	CESE		DEATH	March		10		9 66
5. SEX		LOR OR RACE		NEVER MARRIED		B. DATE OF BIRT			AGE (In y	day) Mo	onths   Do	ays Hou	
male		ite	WIDOWED	DIVORCED	F	ugust 1		1886		rs.	12 CITI	ZEN OF WI	IAT
				IND OF BUSINESS OR NDUSTRY		11. BIRTHPLA	HUE (STA	ita ot total	gn country,		COU	NTRY?	IAI
farm 1		ery med	hanic			Penna.	MAIDE	N NAME			U.S.	A .	
											1		
	hn H.	Leese U.S. ARMED FO	RCES7   16	SOCIAL SECURITY NO.	17	/I/da/Be	evry	Se	norah	ddress	nman		
(Yes, no, or unk			f service)	-03-9092		s. Paul	R	Kroh		sa	Y71 98V		
I 18 CAUS	E OF DEATH	Fater only on		ine for (a), (b), and (g)		J. Idai	٥.	KI OII		50.		INTERVAL	RETWEEN
	I. DEATH W	AS CAUSED BY	: / /	(a), (b), and (a)	.0	How	17/	ile	16	cuto	5)	ONSET AN	
44	1 00 11	DIATE CAUSE		THE	14	Mar	70	4	9			7	
1 /	s, If any, wi	bleh )	. // /	Helia So	·Va	notice	la	rdy	DUGS	lul	Par.	54	1
	e to immed		(b) (1-2	Endle	1	last		,				0	
	a), stating g cause last.	tua	(c) M	eld He	11/2	erten	el	lou					
PART II. 0	THER SIGNIFIC	CANT CONDITIO		JTING TO DEATH BUT NO	RELA	TED TO THE TERM	INAL DI	SEASE CON	DITION GIV	EN IN PAR	RT 1(a)	19. WAS	AUTOPSY ORMEO?
CAT												YES [	NO X
PART II. OF PART III. OF PART II. OF PART III. OF PART II. OF PART II. OF PART III. OF	ERNAL CAUSI	E WAS	20b_1	DESORIBE HOW INJURY	occn	RREO. (Enter nati	ura of l	Injury In Pa	or far	t II of It	em 18.)	116	
CAUSE OF	Or CONTRI	A		400000			-6-0		(Ly		MA	SHO	Lup
20c. TIM	E OF INJURY	Month, Day,	1000	NJURY OCCURRED 20	e. PLA	CE OF INJURY (Hory, street, office bl	me, fari	m, 20f.	(City or tov	-	(Count	(y)	(State)
W S	p.m. /	- 30 19	66 at work	Not While at work	H	oul		use	Shu	isc	1 Coc	uster	ma
21. 1 0	certify that	I took charge	of the rem	ains described abov	e, hel	d an Autopsy [	,	Inspectio	n 🔀,	Inquiry		and in n	ny opinion
death r	resulted from	n: Natural	causes	Accident X,	Sui	cide 🔲, Ho	omicide	e 🔲,	Undeterm	ined ma	anner [		
ACTUAL	111	1/2/	1	n 2 0				EXAMINER				22 DA1	E SIGNED
SIGNATUR	RELVY	Mus	1//	eleja	4	M.D. ASSISTAN						3-	11-66
EXAMINE	R'S		/			109	c-6	LAN RAW	car openis	24/		for Co	11101
NAME (Ty		23b, DATE	THEREOF	1 23c. NAME OF CEM	ETERY		(otiest,		CATION (C		or coun	ty)	(Spate)
REMOVA	L_(Specify)	3/14/6				100			estmi			aryla	41
	DIRECTOR	0	,,,	ADDRESS	ven	etery 25a	. REC'	D BY REGI	STRAR   25	b. REGI	STRAR'S	SIGNATUR	E
12.5	- mine	10, X.	West	minuster, 5	no	DA	MAR	14 1	956	Jely	mes	Judy	il.

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DESCRIPTION OF THE PARTY OF THE

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate fimits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) nanchester, ma d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, gire street address) . IS RESIDENCE ON A FARM? YES NO L 3. NAME OF DATE Month Day Yaar DECEASED OF DEATH (Typa or print) 19 Iam 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF last bigthday) Months WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if ratired) armi 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. LAT. INFORMANT Address ( (Yes, no, or unkown) | (Ifyes giva war or datas of servica) INTERVAL BETWEEN 18. CAUSE OF DEATH lenter only one cause par line for (a) / (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immadiate cause DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO Z 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of itam 18.) OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 2Df. (City or town) (State) 20c. TIME OF INJURY Month, Day, Year (County) factory, streat, office bldg., etc.) Whila Not Whila Hour a.m. at work at work D.m 196, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from.... .1966 ... and that death occurred 62:36 M. from the causes and on the date stated above. saw the deceased alive 22b/ DATE 22e. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) DATE THEREO! NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION. REMOVAL (Specify) 24 FUNERAL DIRECTOR'S GIGNATURE

physician PUNERAL filed \ OF VR A15 (4)

, A. O. C. artenovelente Cander Versules Bereen ( = 3/30 3/31/62 W. H Fround W. HFOARD M.O Myschester, Md

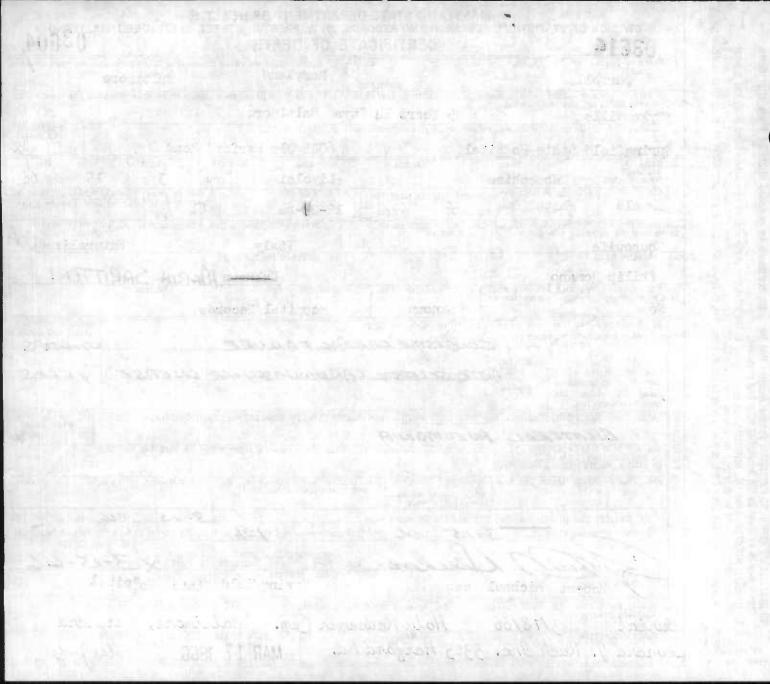
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and may event, within 72 hours after death.

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  CERTIFICATE OF DEATH		MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF STATISTICA	L RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1	, MARYLAND
	03614		0360

1.	PLACE OF DEATH a. COUNTY Carro			MARYLA	AND	2. USUAL RESIDE		B-29	Minor	e	-	
N	b. CITY OR TOWN write RURAL a	(If outside corporate nd give nearest town	limits,	c. LENGTH DF STAY		c. CITY OR TOWN (		corporate limits,	write RUR	AL and gl	ve neare	st town)
_	Sykesvill		(If not in h	ospital, give street add		d. STREET ADDRES			_	30	e. IS RE	SIDENCE
				ospital, Biro stroot add	21000/	6021 01d		nd Poad			ON A	FARM?
3.	NAME DE	d State Hos		Middle		Last	14. DA		nth	Day		NU [A]
	(Type or print)	Josephi		Militare		Livolsi	OF	ath 3		15	19	66
5.	Female	6. COLOR OR RACE	7. MARRIED WIDOWED			12-2 <b>4</b> -84		9. AGE (In year last birthda yrs.	Months	Days	Hours	Min.
1Da	a. USUAL OCCUPATION	ON (Give kind of work d	one 1Db. K	IND OF BUSINESS OR		11. BIRTHPLACE	(County & St	ate, or foreign cour	try) 12.	CITIZEN	OF WHA	1 11
	Housewife				10	Ital			Na	itura	lize	dUD
13	. FATHER'S NAME					14. MOTHER'S MA	IDEN NAME	^	1.0		- 01	
	Philip R		337				known	MARIA	SAK	17/1	ERI	
15 (Y	5. WAS DECEASED EVes, no, or unkown) \( (	ER INU.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17.	INFORMANT		Add	ress			
	No		Ţ	Unknown		Hospital	Recor	rds				
			cause per l	ine for (a), (b), and (c).	]		3744				ERVAL B	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (	a) CON	YGESTIVE CH	RL	JAC FAIL	URE			_00	OUT	45
4	422	DUE T	0									
	Conditions, if an		b) APTER	DSCLEROIC	CF	RDIOUAS	CULA	e DISE	SE	y	EA	25
	cause (a), sta	Dile 9	0									
Z	underlying cause		c)	JTING TO DEATH BUT NO	TOFLA	TED TO THE TEDMINA	L DIOCADE O	CNDITION CIVEN	IN DADT 1/	a)  19.	WAS A	UTOPSY
ATIO	-				// KELA	IED TO THE TERMINA	L DISEASE C	ONDITIONGIVEN	IN FART 2(	,	PERFO	RMED?
IFIC		LATERAL		EUMONIA DESCRIBE HOW INJURY	/ 00011	DDED /Enter nature	of Inlury Ir	Port I or Port I	I of Item 1	-	ES []	NO X
CERTIFICATION	OR CONTRIBUTION (IF EITHER, NOTI	AS UNDERLYING CAUSE OF DEATH FY MEDICAL EXAMIN	H ER)	DESCRIBE HOW INJURY	1 0000	RRED. (Elitor naturo	or mjury n	T PAIL T OI TAIL I	i of Itom 2	,		
MEDICAL		IJURY Month, Day, Y		ALC: OUT WILLIAM		E OF INJURY (Home, y, street, office bldg.		f. (City or town)	(0	county)		(State)
MED	Hour a.m. p.m.		at work		1	7, 01, 001, 011100 5128.						7.10
	21. I certify	that (I) (this hospi	tal) attend	ed the deceased fro	m	,	19,	to 3-15	, 194	66_, t	hat (I)	(we) last
		eased, alive Dn	3-1	5 1966, an	d that	death occurred at	) 25AM,	from the caus				d above
V	22a. SIGNATURE	1	//	7 1		ATTENDING -	MED	STAFF .	22b.	DATE SI	IGNED	,
	10	Jul 1.	14	eckons	M.D	. PHYS.	DIRECTO	PHYS.	4 3	-15	-6	6
В	NAME (TYPE	bert Mich	ael De	eb		22d. ADDRESS Spring	gfield	State	Ho <sup>S</sup> pi	tal		
23			HEREOF	23c. NAME OF CEN	METERY	OR CREMATORY	23d.	LOCATION (CIty	Air	county)	, (:	State)
E	REMOVAL (Spec	3/18/	66	Holy Red	dee	mer (em.	Ba	ltimore	, Ma	ryla	ind	
24	. FUNERAL DIREC		- 52	ADDRESS	JR	1	- 4 N		REGISTRA		NATURE	
-6	conard f	Ruck In	c. 53	05 Harford	$\alpha \wedge$	a. DATE	AK T!	1956	Clear	Clo y	nog	-

VR A15 (4)



executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please cambre carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEF	
	02515 CERTIFICATI	
1.	PLACE OF DEATH a. COUNTY  Carroll  MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY Frederick
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Middleburg  1 year	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Emmitsburg
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Brookfield Manor Nursing Home	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES NO 2
3.	NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF DEATH March 30. 1966
5.	7. MARRIED NEVER MARRIED	9. ACE (In years   IFUNDER 1 YEAR   IFUNDER 24 HRS.   In the second of t
	. USUAL OCCUPATION (Cive kind of work done Ing most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
13.	None FATHER'S NAME	Frederick Co. Maryland U.S. A.  14. MOTHER'S MAIDEN NAME
	William Holland Weant . WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. es, no, or unkown)   (If yes give war or dates of service)	Phoebe Markle INFORMANT Address
_		Raymond Weant, Emmitsburg, Md. R.D.
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Command	Carcinomatosis ONSET AND DEATH
	1538 Conditions, If any, which DUE TO Carcinoma of	the Colon 4 years
	gave rise to Immediate cause (a), stating the DUE TO	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a)   19. WAS AUTOPSY PERFORMED?, YES NO   NO
	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA facto p.m. 19 at work at work	CE OF INJURY (Home, farm, ry, street, office bldg., etc.) (City or town) (County) (State)

23c.

.O.Fuss & Son. Taneytown.

21. I certify that (I) (this hospital) attended the deceased from 19 and that death occurred

3

STAFF PHYS.

that at 12 45 M, from the causes and on the date stated above. 22b.

ATTENDING PHYS. 22d. ADDRESS M.D.

Union Bridge. Maryland

LOCATION (City, town or county)

(State)

BURIAL, CREMATION, REMOVAL (Specify) Burial FUNERAL DIRECTOR 1966

H.

23b.

Caricofe

DATE THEREOF

saw the deceased alive on

SICNATURE

PHYSICIAN'S NAME (Type)

22a.

22c.

Cemetery 25a. Kevsville ADDRESS

NAME OF CEMETERY OR CREMATORY

REC'D BY REGISTRAR | 25b. Md APER 1966

MED. DIRECTOR

Carroll, Maryland REGISTRAR'S SIGNATURE

VR ALS 20M

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove, abou papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any every, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	Thom This man Chi	24 3/16/66 mh	
1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	esidence before admission)
	a. COUNTY (APPAI)	a. STATE D. COUNTY	22.11
_	MARYLAND MARYLAND	1114.	KROLL
-	b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
R	UTAL - SUKESVILLE 12 YEAR	RUTAL - Sykesville	11
- 4	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address		I e. IS RESIDENCE
1			ON A FARM?
	-inger Nursing Home	Route 97	YES ND
3.	NAME OF DECEASED // first Middle	Last 4. DATE Month	Day Year
	(Type or print) HARRIOT	MANKEN DEATH MARCH	3, 1966
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8 DATE OF BIRTH 19 AGE (In years LIFTINDER	
I	-cmale ///	1 . 1 - 4 £1 - 4 £ 1 - 4	Days Hours Min.
1	ellite   CUNITE   WIDDWED   DIVORCED	110V, 23, 1813 90 yrs.	
10a	. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY		TIZEN OF WHAT
uui	HOUCE WIFE HOME	MA	A
13.	FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	1201.
	7/11/1/10/11/11	7/ 4/1/ 8/2 12/1/	
	UNICNOULN	UNICHOWN	
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
(10	s, no, or unkown) (11 yes give war or gates of service)	inger Nursing Home Sykes	wille mal
_		miles horsing home sques	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the	ne skin and back	1963
	1992 DUE TO		
		is, Chronic brain syndrome,	through
	gave rise to immediate	is, chickie brain syndrolle,	3-3-66
81	cause (a), stating the DUE TO		
-	underlying cause last. (c) ASHD, Caronary	thrombosis with cardiac failure	
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	AT ED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
CAI			YES NO NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of injury in Part I or Part II of Item 18.)	
ERT	DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ORRED. (Enter nature of injury in fact to fracti of frem 10.	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
MEDICAL		ACE OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State)
EDI	Malle Land Malle Land	ory, street, office bldg., etc.)	
×	p.m. 19 at work at work	1062	
	21. I certify that (I) (this hospital) attended the deceased from	1963 , 19 , to March 3 , 1966	2_, that (I) (we) last
	saw the deceased alive on 3-3- 1966, and the	at death occurred at 10:1M5 from the causes and on the	e date stated above.
	22a. SIGNATURE		TE SIGNEO
	Shorten O & Hall M	D. PHYS. MED. STAFF MAI	ch 4, 1966
	22c. PHYSICIAN'S	1 22d. ADDRESS	
	NAME (Type)		
	Howard E. Hall, M.D.	Sykesville, Maryland	
23a	BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME DF CEMETER REMOVAL (Specify)		nty) (State)
1	Wright 3-5-66 Druid Ride	is Cemetery MAHIMORE.	Mci.
24	FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR   25b. REGISTRAR'S	SSIGNATURE
1	HADAU These Xpiplet Sulpanielle	Md. OHAR 8' 1966 Icharle	Julas
	mony was raught - greatell,	THE DATE AND 1956	- Jung

VR AI5 (4) 20M 1/65

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then pleas, canove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> AI5 (4) M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

13617

ngora or	MINIONIE OI DEAL		10001
1. PLACE OF DEATH a. COUNTY Carroll	a. STATE Mo.	ENCE (Where deceased lived, If inst	itution: Residence before admission) Carroll
	TH OF STAY IN 1b C. CITY OR TOWN	(If outside corporate limits, wri	te RIRAL and give nearest town)
write RURAL and give nearest town)	days Westmin		to KOKAL and Biro nearest termy
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g			l e. IS RESIDENCE
Carroll County General Hospi		ter Street	ON A FARM?  YES NO 3
3. NAME OF First DECEASED	Middle Last	4. DATE Month	Day Year
(Type or print) EDNA BELLI	MARTIN MARTIN	OF DEATH March	4. 1966
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVI		9. AGE (In years   I	FUNDER 1 YEAR IF UNDER 24 HRS
female white WIDOWED X	DIVORCED Aug. 31,	1887 78 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	JSINESS OR 11. BIRT HPLACE	(County & State, or foreign country)	COUNTRY?
housewife	Carroll	County, Maryla	hd U.S.A.
	14. MOTHER'S MA		
John Price Frank	Mandilla		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SI (Yes, no, or unkown) (If yes give war or dates of service)	A	Address	
213-52	-8066T William F.	Martin Hamps	tead, Md.
18. CAUSE OF DEATH [Enter only one cause por line (qr (a)	, (b), and (c).	1. 1.4	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: (a) LILLO	in levous hear	research I with	ONSET AND BEATH
(/1 = 0	7		dille
Conditions If any which \	11110) 1/1/1060		- Volves.
gave rise to immediate	me future		n 111-
cause (a), stating the underlying cause last.	1) 1		Dew /9/2:
	EATH BUT NOT RELATED TO THE TERMIN	L DISEASE CONDITION GIVEN IN	ART 1(2)   19. WAS AUTOPSY
PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DESCRIBE OR CONTRIBUTING TO LEAST CONTRIBUTING TO LEAST CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	- lught hi	aller	PERFORMED?
= 20a, ACCIDENT WAS UNDERLYING   1 20b, DESCRIBE	HOW INJURY OCCORNED, (Enter nature	of Industry In Part I or Part II of	
20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE OR CONTRIBUTING 0 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	non money objectives (Enter nature	or injury in rule ron rule is or	10001 1000
	CURRED LOGGE OF INVIEW (Home	form 1 005 (Olty on town)	(County) (Choto)
20c. TIME OF JAJURY Month, Day, Year   20d. INJURY OC Hour a.m. While   Not   at work   at work   at work   at work	factory etropt office bldg	, farm, 20f. (City or town)	(County) (State)
p.m. 19 at work at v		11 5 11	1/
21.   certify that (I) (this hospital) attended the d	eceased from	1900 to 3-7	_, 19 <u></u>
saw the deceased alive on 1	9 66, and that death occurred a	M, from the causes a	
220 SIGNATURE	ATTENDING	ANTES STAFF	22b. DATE SIGNED
VURALI I NECETABLE	M.D. ATTENDING PHYS.	DIRECTOR PHYS.	3/4/00
22c. PHYSICIAN'S HARDY DAL	RVMDP # 195	appindentes.	feed menter
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. N	AME OF CEMETERY OR CREMATORY	23d. ACATION (City, Joy	vn or county) (State)
REMOVAL (Specify)	ler's Cemetery	<i>U</i>	
		nr   Westminst	er Maryland GISTRAR'S SIGNATURE
X. S. misero da lastina	ation and MI	AR 8 1966 ACC	carles Judge
IN WINDIAJON, NI . INTEMPLIA	ATTENDED TO THE TOTAL TO	1000	V A V

Lioneen				Liotrio	
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	Promise to sook &				
		All I	100		
	A . 1509 1 18		E de	62.69	0,100
r.O. enicer	Operall County, p. 1			1 t	nouse
	named?c missinger		1	arri eniri d	107
M. Martint	alling I. Parith	w radeos	. 22,5 52		
			SUPPLY.		
			XIZ.		

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## FOR STAT HEALTH DEPT

Items 18-21 Film 375

PLACE OF DEATH

cessary, funeral may be the 5 delay had 3 to Page 2, and PM3. ive Pages 1, with form EXAMINER: This certificate should be executed within 24 hours after death. the certificate, writing the word "pending" in pencil in Item 18. Give Pages should be forwarded to the Chief Medical Examiner's Office along with for Put 10 files. execute the r. Page 4 s d for your director. Paretained for of FUNERAL I

5M

a. COUNTY b. COUNTY a. STATE Maryland Frederick Carroll MARYLAND Department after death. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Lmos.19dys. Sykesville Rural - Thurmont d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? State Rt. 2, Box 33 Springfield State Hospital NO 3 2 YES 3. NAME DE DATE First Middle 4. Month Year Last The 72 DECEASED DAVID (Type or print) MICHAEL McCLINTOCK DEATH MARCH 19 66 with AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. 5. SFX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED lest birthday) Months I Devs Hours 5-1-44 × × Male White WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? Laborer Maryland U.S.A 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME in Da Unk. 15. WAS DECEASED EVER IN U.S.JARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) permit. removal, 219-14-3103 Records, Springfield State Hospital No INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), end (c).] ONSET AND DEATH Pending Diffuse hepatic degeneration I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit cremation, or DUE TO 3-8-66 ingestion of rat poison Conditione, if eny, which (b) gave rise to immediate DUE TO cause (a), stating the terminal congestive heart failure used as a underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Schizophrenic reaction, catatonic type: minor lacerations of elbows CERTIFICATI YES X NO T 20a. EXTERNAL CAUSE WAS PRIMARY OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) o be Pa Consumed rat poison at home 3-8-66 3 should 20c. TIME OF INJURY Month, Day, Year | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | MEDICAL 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not While 1966 at work at work Home DIRECTOR: Page r its designated Inspection Inquiry and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy X Undetermined manner death resulted from: Natural causes Sulcide Homlcide Accident CHIEF MEDICAL EXAMINER 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATUR 50 DEPUTY MEDICAL EXAMINER **EXAMINER'S** W. Glenn Speicher, M. D Address Street dry nown account fullesse NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCAJION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF 23c. 0 REMOVAL (Specify) Ceranel 25a. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25b. FUNERAL DIRECTOR ADDRESS 24. 1966 VR ALSME (5) 1/65

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)/

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and thank event, within 72 hours after death

VR A15 (4) 15M 4-64

	MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF S	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLANI
03519	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLANI CERTIFICATE OF DEATH

1.	PLACE OF DEATH	H			2. USUAL RESIDE	NCE (Where de	eceased lived, If Inst		esidence bef	ore admission)
	Carrol			MARYLANO	Mar	yland	Al	Llegar	y	V
	b. CITY OR TOW Write RURAL	N (If outside corpora and give nearest tow	te limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN	(If outside co	rporate Ilmits, wrl	te RURAL	and give n	earest town)
	Sykesy		,	10Days	Fros	tburg			01-	2
	d. NAME OF HOS	SPITAL OR INSTITUTIO	ON (If not In he	ospital, give street address)	d. STREET ADORES		L. W. C.			RESIDENCE
		field Stat	e Hospi	tal	1062	Maple	Street		YES	
3.	NAME OF DECEASED		rst	Middle	Last	4. DATE	Month		Day	Year
	(Type or print)		MES	(nmn) N	ic NEIL	DEAT			26	1966
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. OATE OF BIRTH	9	AGE (In years last birthday)	Months !		JNDER 24 HRS ours   Min.
	Male	White	WIDOWED	DIVORCED	1-16-10		56 yrs.	MOUTUS	Days   n	Data Milli
10a dur	a. USUAL OCCUPAT	TON (Give kind of work ing life, even if retire	done 1Db. K	IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE			12. CI	TIZEN OF VOUNTRY?	WHAT
T	ool & Cut	ter Grinde	r		Maryl	and		I	U.S.A.	
13	. FATHER'S NAM	E			14. MOTHER'S MA	IDEN NAME	Lloyd			
	James	McNeil			हार	zabeth	(maiden_r	iame.	nknor	( em
15	WASDECEASED	EVED IN II & ADMED EC	RCES?   16.	SOCIAL SECURITY NO.   17.	INFORMANT	200011	Addres	S		-
(11	Yes	(If yes give war or dates of Army - WW 2	T service)	known Red	cords, Spri	naftald	State He	and to	2	
				ine for (a), (b), and (c).]	or any open	II ELLOLO	Dogoe III	DAT OF		L BETWEEN
		EATH WAS CAUSED BY		ilateral Brond	honneumoni	a				AND DEATH
Н		IMMEDIATE CAUSE	(a)	TIAUGICE DI ONG	110 0110 0011011					
	1992	DUE	TO M	etastatic Card	inoma of B	rain an	d			
	Conditions, If gave rise to		(b)	etastatic care	THOMA OF D	I GIII GII	· · ·			
	cause (a), si		TO					55.0	Mor	nths
_	underlying caus		(c)	Jejunum						
IO I	PART II. OTHER S	SIGNIFICANT CONDITION	ONSCONTRIBL	JTING TO DEATH BUT NOT REL	ATED TO THE TERMINA	L DISEASE CO	NDITION GIVEN IN	PART 1(a)	19. W/	AS AUTOPSY BFORMED?
ICA	W. 100								YES E	
CERTIFICATION	2Da. ACCIDENT	WAS UNDERLYING	20b. I	DESCRIBE HOW INJURY OCC	URREO. (Enter nature	of Injury In F	art I or Part II o	Item 18.	)	
	(IF EITHER, NO	ING CAUSE OF DEATIFY MEDICAL EXAMI	NER)							
CAL	20c. TIME OF	INJURY Month, Day,	Year   2Dd. II	NJURY OCCURRED   2De. PL	ACE OF INJURY (Home	farm, 20f.	(City or town)	(Cou	nty)	(State)
MEDICAL	Hour a.r		While	Mot while	ory, street, office bldg.	, etc.)				
Z	p.:		at work		3.76.66	70 1-	3-26	100	6	(I) (una) Inni
			3 <b>–</b> 26 <b>–</b> 66	ed the deceased from	g-LO=CO	19 to		, 19	, that	(I) (we) last
	saw the dec	20000 01110 011	<u></u>	19, and tha	t death occurred a		rom the causes	and on th	NE DATE SI ATE SIGNE	rated above
	SIGNATU	1. 700	- 1	0106	ATTENDING	MED.	STAFF		7-66	
	22c. PHYSICIA	NIO		- Contraction	PHYS. L	DIRECTOR		-		•
	NAME (T)	pe) Antonius	Glahn,	M.D.	ZZU. ADDRESS	Sykasy	field Sta ille, Man	arl and	spice	
232	REMOVAL (Spe	ATION, 23b. DATE	THEREOF	23c. NAME OF CEMETER		1	OCATION (City, to		nty)	(State)
	BURIAL	MAR.30	1,1966	FROSTBURG N	MEM - PARK	r I	ROSTBURG	T.	M	D.
24	HAFER	CIOR	HOME, 6	OW. MAIN ST	1. 4 / 10 /	EC'D BY REG	366 25b. Be	egistrar's	SSIGNATU	IKE V
=	Solla	, sie	s.	60 west mai	A M.   DATE	- 10			0 0	
	V'18.	mallin	ofly.							

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicien and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then place, remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deal Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

03620			CERTIFICAT	E OF DEATH		03610
Sykesvi.  d. NAME OF HO	1] I'N (if outside corpora and give nearest tow 11e SPITAL OR INSTITUTION 21d State H	5yr N (if not in hospi	MARYLAND LENGTH OF STAY IN 1b s.lmo.2dys. tal, give street address)	a. STATE  Maryland c. CITY OR TOWN (IF  Rural - F: d. STREET ADDRESS  Rt. 3, Bo:	outside corporate limits, write rostburg x 85A	legany
DECEASED (Type or print)	RUS	rst SELL	Middle (NMN)	MILLER	4. DATE Month OF DEATH MARCH	H 22 19 66
5. SEX  Male  10a. USUAL OCCUPA during most of work	6. COLOR OR RACE White TION (Give kind of work ling life, even if retire	WIDOWED X	DIVORCED OF BUSINESS OR	8. DATE OF BIRTH  3-17-1897  11. BIRTHPLACE (Co		UNDER 1 YEAR IF UNDER 24 HRS. onths Days Hours Min.  12. CITIZEN OF WHAT COUNTRY?
Coal M:	iner		L Mines	Maryland		U.S.A.
15. WAS DECEASED	m Miller EVER IN U.S. ARMED FO ((If yes give war or dates of WW 1	f service)		Jane Lewis INFORMANT ecords, Sprin	Address ngfield State He	ospital
	Immediate tating the DUE	(a) Carci TO (b) TO Rrope	or (a), (b), and (c).] noma of lung	2		INTERVAL BETWEEN ONSET AND DEATH Months  Days
S PARTIL OTHER	SIGNIEICANTCONDITI	ONS CONTRIBUTIN		ated to the terminal c	DISEASE CONDITION GIVEN IN PA	
	WAS UNDERLYING ☐ ING ☐ CAUSE OF DEA TIFY MEDICAL EXAMI	TH NER) 20b. DESC	RIBE HOW INJURY OCC	URRED. (Enter nature of	Injury in Part I or Pert II of I	tem 18.)
Hour a.	m. 19	While at work	Not While at work	ACE OF INJURY (Home, fa ory, street, office bldg., e	rm, 20f. (City or town)	(County) (State)
21. I certi- saw the de 22a. SIGNATU 22c. PHYSICI, NAME	ceased alive on RE ANYS APPEN Rober	3-22 7/1 t M. Deeb	Och M.	D. ATTENDING D. PHYS. D. 22d. ADDRESS S	M, from the causes ar	land
23a. BURIAL, CREM REMOVAL (SP BURIAL) 24. FUNERAL DIRI	ecify) 3-26-6			METERY	ECKHART, M	
JOSEPH	R. DURST,	SR., FROS	STBURG, MD.	DAMAR	128 1966 fcu	arles Judge

VR A15 (4) 15M 4-64

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VAR 2.8 1965 V

MARYLAND STATE DEPARTMENT OF HEALTH

03621 CERTIFICATE OF DEATH

1. PLACE OF DEATH			2. USUAL RESID	DENCE (Where			sidence before	edmission)
Carroll		MARYLAND	Maryla	bn	b. cour	arrol	1	
b. CITY OR TOWN (if outside of write RURAL and give neer	corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOV	VN (If outside cor	porate limits, write	RURAL end	give neerest t	own)
Hampstead		Life	Hamps	stead			06-	/
d. NAME OF HOSPITAL OR IN		pitel, give street eddress)	d. STREET ADDR					RESIDENCE N A FARM?
8 S. Main	Street		8 S.	Main S	Street			NO K
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month		Day Y	ber
(Type or print)	Clwood	Logan 1	Murray	DEAT	212.00.2			966
S. SEX	OR OR RACE 7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH		<ol> <li>AGE (In years last birthday)</li> </ol>		EAR IF UND	
M W	WIDOWE	DIVORCED	Feb. 19,	1887	79 yrs.			
10e. USUAL OCCUPATION (Give done during most of working life, Auto Title \$ 13. FATHER'S NAME	kind of work even if retired to to	r Vehicle Reg.		oll Co.			S. A	COUNTRY?
Charles Elm	er Murray		Susan	Rebecc	a Murra	2 V		
			INFORMANT	210200	Address			
15. WAS DECEASED EVER IN U.S. (Yes, no, or unkown) (Hyesgive w	21	8-32-4152 V	Vm. J. Mat	tthews.	Hamps	tead.	Md.	
18. CAUSE OF DEATH [E						,	INTERVAL	BETWEEN
PART I. DEATH WAS CA	AUSED BY: Cor	enary Occlu	gion				ONSET AN	inutes
4201 IMMEDIAT	r c/103r (a)						30 M.	LILUOCA
		onic Myocar	arcis					
Conditions, if eny, which gave rise to immediate cause	1							
(e), steting the underlying	} DUE TO Art	eriosclerot	cic Cardio	-Vascu	lar Dis	sease	196.7	
cause lest.	) (c)							
PART II. OTHER SIGNIFIC	ANT CONDITIONS CON	ITRIBUTING TO DEATH BUT I	NOT RELATED TO THE T	ERMINAL DISEAS	E CONDITION GIV	'EN IN PART 1	PER YES	S AUTOPSY FORMED?
PART II. OTHER SIGNIFIC  VOICE  2Do. ACCIDENT WAS UNDER OR CONTRIBUTING THE AUST USE OF CONTRIBUTING TH	OF DEATH	CRIBE HOW INJURY OCCUR	ED. (Enter neture of injur	y in Pert I or Pert	II of item 1B.)			
		INJURY OCCURRED   2De. P	LACE OF INJURY (Home	from 1 2D4 (C	ity or town)	(Count	hul	(Stete)
20c. TIME OF INJURY Mo	While		ectory, street, office bldg			(0000)		(31818)
21. I certify that (I) (	this hospital) atten	ded the deceased from	10-4-58		3-18-	, 19.6	6 that (1)	(we) last
saw the deceased alive	3_18_		at death occured a					
22e. SIGNATURE	3 OII	) A			III IIIe cadaoa	and on m		2b. DATE
226. SIGNATURE	188	San Source	ATTENDING THE	MED. DIRECTOR	STAFF PHYS.	3	3-18-1	SIGNED
22c PHYSICIANS			22d. ADDRESS					
NAME (Type) Jos	eph E. Bu	sh, M. D.	Hampst	ead, M	aryland	1		
23a BURIAL, CREMATION, 236	DATE THEREOF	23c. NAME OF CEMETER			CATION (City, to			(State)
Bupial 3	/21/66	Hampstead	Cemetery	Hor	nostead		1	Md.
24 FUNERAL DIRECTOR'S SIGNA		ADDRESS	25a.		STRAR 256. RE			
Tipton-Eline		mpstead, Md	DATE.	MD 9 9	1000 0	Marle	Quela	2
	3.4 0.7		N	MAN & &	1000		10	

TO HOSPIT. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page by be retained by the hospital or attending physician.

TO FUNERAL JIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any expert, within 72 hours after death.

VR A15 (4) 15M 7/61

11354 Though what .6 or n san Sarat near & & A M. Of L. M. OD Llorest C. P. P. M. W. W. L. T. T. T. C. O. - 212-02-1152 Mar. (d. Martican, man 1012-11, 214. 14) nit ibitaoo ia pengana 6061-61-6 TO TO THE REPORT OF Joseph &. Buen, M. D. C. Carpetend, Smithland TALLE CONTRACTOR CONTRACTOR OF THE PROPERTY OF Plate and the state of the stat

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to HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove darbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
USION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET.

23c.

	DIVISIO	N OF STATISTIC	AL RES	EARCH AND RE	CORDS	, 301 W. PRESTO	N STRE	ET, BALTIMO	RE 1, N	ARYL	AND	
	03622	,		CERTIF	ICATE	E OF DEATH	1		(	36	12	
1.	PLACE OF DEATH	1				2. USUAL RESIDEN	CE (Where			Residence	before ac	lmission)
		rroll		MAF	RYLAND	a. STATE Maj	rylan	d b. cou	-	ede	rick	/
	b. CITY OR TOW write RURAL	N (if outside corporat and give nearest tow	e limits,	c. LENGTH OF ST.	AY IN 1b	c. CITY OR TOWN (II	f outside c	orporate limits, w	rite RURAL	and giv	e neares	t town)
(	Rural) S	ykesville			9da		ileto	wn	2176		- 0	2
	d. NAME OF HOS	SPITAL OR INSTITUTIO	N (if not in	hospital, give street	address)	d. STREET ADDRESS		- 04 4		6	ON A I	
		eld State				301		n Street				No 🔀
3.	NAME DF DECEASED		st	Middle		Last	4. DAT		th	Day	Yea	
F	(Type or print) SEX		rles	Earl		likirk, Sr.			TIFUNDER	18	19	
		6. COLOR OR RACE			EV			last birthday)	Months	Days	Hours	Min.
	male	white ION (Give kind of work	WIDOWE		1	5-1-1885	Caumtu & Cta	80 yrs.	w) 1 12 C	ITI7EN	OF WHAT	
dui	ing most of work	ing life, even if retire	100.	INDUSTRY	JK		Journey & Sta	ice, or toreign country	C	OUNTRY	?	
13	FATHER'S NAM	Clerk				Maryland	DEN NAME		l U	SA		
10			4 1-									
15		Edgar Nik	RCES?   1	6. SOCIAL SECURITY	VO.   17.	Cora Ruc	ly	Addre	ISS			
	es, no, or unkown)	(If yes give war or dates o	service)	unknown	-	and to 1. Do						
-		DEATH [Enter only on	cause per			spital Rec	ords		-	INTE	RVAL BE	TWEEN
		ATH WAS CAUSED BY				Accident					nut	
	331.	X		00202 100	0 4242						44.54.07	
	Conditions, If	any, which \		ebral art	erios	clerosis				Ve	ars	
	gave rise to cause (a), st	mane										
	underlying caus		(c)									
CATION	PART II. OTHER S	IGNIFICANT CONDITION	NSCONTRI	BUTING TO DEATH BU	TNOTRELA	TED TO THE TERMINAL	DISEASEC	ONDITION GIVEN IN	PART 1(a)	19.	WAS AL	
	Chronic	brain synd	rome	associat	ed wi	erosis. Pu	tory	disturba	nce	YE		NO X
CERTIFI	20a, ACCIDENT OR CONTRIBUTI	WAS UNDERLYING IN NG IN CAUSE OF DEA	H 20b.	DESCRIBE HOW IN	URY OCCU	th circula	f Injury in	Part   or Part	of Item 18	3.)		
	(IF EITHER, NO	NG CAUSE OF DEA	IER)				47					
MEDICAL	2Dc. TIME OF I	INJURY Month, Day,		INJURY OCCURRED		CE OF INJURY (Home, f ry, street, office bldg.,		. (City or town)	(Co	unty)	(5	State)
ME	p.r	-	at wo									
		y that ()c(this hosp	ital) atten	ided the deceased	from		9 66, t					ve) last
		ceased alive on	3-18	1966	and that	death occurred at	A.M.	from the causes		he date		above.
	22a. SIGNATUR	10 ~	0 110			ATTENDING	MED.	STAFF		18-6		
	22c. PHYSICIA	IN'S HOELBY	156		M.D	PHYS. L	DIRECTOR	PHYS.				
	NAME (T)	pe) Heina H	. Kla	atsch, M.I	).	Springfi	074	State Hos	mita	3		

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town or county)

25b.

1966

REGISTRAR'S SIGNATURE

23d.

DATE AR

(State)

VR AI5 (4) 20M 1/65 BURIAL, CREMATION, REMOVAL (Specify) FUNERAL DIRECTOR

23b.

DATE THEREOF

STUDI PROPERTY AND PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY The latest production to the second s Military and American Company of the Bue we did \_\_\_\_ feeld forest. Clarifor Helph allich Bullion of the state of the sta And the second s - Lord applicable findered it - a result to Diet 1-5 1 1 THE TOTAL OF THE LAW CONTRACT OF in a see marriage the transfer attended the second of the The Court of the C

Page 4 may be retained by the nospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be director, page 4 should be detached for use as the burial, cremation, or removal, and in any event, within 72 hours after distinction. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

03523

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1.	PLACE OF DEATI a. COUNTY CARROL	L		MARYI		a. STATE Marylan	d	b. cour Balt	imore	
	Sykesy	N (if outside corpora and give nearest tov ille		c. LENGTH OF STAY		Baltimo	re	corporate limits, wr	Ite RURAL	and give nearest town)
		ield State			udiessi	528 Sanfo		ace		ON A FARM? YES NO NO
3.	NAME OF OECEASED (Type or print)	Florence	irst	Middle May	P	Last	4. D/		h	Day Year 4 1966
	SEX Cemale	6. COLOR OR RACE	WIDOWED	DIVORCE		. DATE OF BIRTH 8-28-88		9. AGE (In years last birthday) 77 yrs.	Months	YEAR IF UNDER 24 HRS. Days Hours Min.
du	a. USUAL OCCUPAT ring most of work Housewi FATHER'S NAM		(done 10b. K	IND OF BUSINESS OR NDUSTRY		Maryla  14. MOTHER'S MAI	nd	State, or foreign country	CO	TIZEN OF WHAT UNTRY?
15	Stanley					/	a/Z			
15 (Y	. WAS DECEASED	EVER IN U.S. ARMED FO (If yes give war or dates	of spraice)	SOCIAL SECURITY NO 17-05-3084		ospital Re		Addre	ss	
		OEATH [Enter only or EATH WAS CAUSED BY IMMEDIATE CAUSE	/: T==	lne for (a), (b), and (canition and		ydration				INTERVAL BETWEEN ONSET AND DEATH 4 months
	Conditions, if gave rise to cause (a), si underlying caus	Immediate tating the DUE	(b) Adv	ranced seni	le b	rain diseas	5 <b>e</b>			Years
CERTIFICATION	PART II. OTHERS	enous decub	ital ul							19. WAS AUTOPSY PERFORMED? YES NO
CERTI	OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING ☐ ING ☐ CAUSE OF DEA TIFY MEDICAL EXAM	TH (NER)	DESCRIBE HOW INJU	RY OCCU	RRED. (Enter nature	of Injury	In Part I or Part II o	of Item 18.	
MEDICAL	20c. TIME OF Hour a.r p.i		While	Not While	200. PLAC factor	E OF INJURY (Home, y, street, office bldg.,		Of. (City or town)	(Cou	nty) (State)
		y that (I) (this hos	pital) attend	ed the deceased fi						6, that (1) (we) last ne date stated above.
	22a. SIGNATUI  22a. PHYSICIA NAME (T)	RE MCOS Re IN'S	i DY	alrors,	M.D.	ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTO	STAFF -	22b. D/	TE SIGNED
23	BURIAL, CREM BEMOVAL (Spi		THEREOF	1 1 11	METERY	OR CREMATORY		LOCATION (City, t		
24	Serve -	St. Kelen	134	ADDRESS 8 N. Call	loen	25a. R	EC'D BY F	REGISTRAR 256. R		S SIGNATURE

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title condition and business

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR A.15 (4) M 1/65

## MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03524

1.	PLACE DF DEATH		100	<i>m 7 211.</i> U	217	2. USUAL RESIDENC	E (Where			esidence b	efore admi	ssion)
		rroll		MARYLA	ND	a. STATE	rvla	b. COU	NTY		- V	
		N (if outside corporate and give nearest town	limits,	c. LENGTH OF STAY		c. CITY OR TOWN (If	outside (	corporate limits, w	rite RURAL	and give	nearest t	town)
(		Sykesville		46v 8m	23d	Po	7 4 4	ana Ciba		30	4	
	d. NAME OF HOS	SPITAL OR INSTITUTION	(if not In h	ospital, give street add	ress)	d. STREET ADDRESS	161111	ore City			IS RESIDI	
Js		ield State				IIn	know	n			ON A FAR	
3.	NAME OF	Firs	t	Middle		Last	1 4. DAT		h	Day	Year	
	(Type or print)	Philip		Ferdinand		Plack	DF DE/	TH 3	3	26	19 6	56
5.	SEX	6. COLOR OR RACE	. MARRIED	NEVER MARRIED	x 8	B. DATE OF BIRTH	- 1/1	9. AGE (In years	IF UNDER		UNDER 24	4 HRS.
	male	white	WIDOWED	DIVORCED		10-20-74		Aast birthday)	Months	Days	Hours	Min.
10a duri	. USUAL OCCUPAT	ION (Give kind of work do ing life, even if retired)	ne 10b. K	IND OF BUSINESS OR		11. BIRTHPLACE (Co			CO	TIZEN OF UNTRY?	WHAT	
				-		Baltimor			US	iA .		
13.	FATHER'S NAM					14. MOTHER'S MAID						
	Louis						line	Frick				
(Ye	s, no, or unkewn)	EVER IN U.S. ARMED FOR (If yes give war or dates of s	ervice)	SOCIAL SECURITY NO.		INFORMANT		Addre				
n	10		1	known		Springfield	d Sta	ate Hospi	tal			
		DEATH [Enter only one	cause per l	ine for (a), (b), and (c).	]		-				AL BETW	
	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (2	)My	ocardial i	nfa	rction					utes	
	4201	DUE TO		A SECTION AND ADDRESS OF THE PARTY OF THE PA		WEIGHT.						
	Conditions, If		) Ar	terioscler	oti	c heart dis	sease	9		ves	rs	
	gave rise to cause (a), st		0 0									
	underlying caus		;)	neralized	ar	teriosclere	osis			yea	irs	
CERTIFICATION	PART II. OTHERS	IGNIFICANT CONDITION	SCONTRIBU	IT ING TO DEATH BUT NO	TRELAT	TED TO THE TERMINAL D	ISEASEC	ONDITION GIVEN IN	PART 1(a)	19. V	VAS AUTO	PSY D?
S	Schize	ophrenic re	actio	n, paranoi	d t	vpe				YES		ED (
RTIF	2Da. ACCIDENT	WAS UNDERLYING D NG D CAUSE OF DEATH IFY MEDICAL EXAMINE	20b. [	ESCRIBE HOW INJURY	OCCU	RRED. (Enter nature of	injury in	Part I or Part II	of Item 18.	)		
	(IF EITHER, NOT	IFY MEDICAL EXAMINE	R)									
CAL		NJURY Month, Day, Ye	ar   20d. II	NJURY OCCURRED   20		E OF INJURY (Home, fa		(City or town)	(Cour	nty)	(Stat	te)
MEDICAL	Hour a.n		While at work	Not While	ractor	y, street, office bldg., et → — —	tc.)					
-		y that (1) (this hospit			m	7-3- 19	970	0 3_26	. 19 6	6. that	(1) (we)	last
	saw the dec	ceased alive on3	-26	19 66. and	d that	death occurred at	IIPM.	from the causes	and on th	e date	stated at	bove.
	22a. SIGNATUR	RE L	1/1)	0 -1.1	111				22b. DA			
		Theurs.	n 1C	leavily -	M.D.	PHYS.	MED. DIRECTOR	PHYS. DO	3-	27-6	6	
	22c. PHYSICIA NAME (Ty					22d. ADDRESS						
	MAINE (TY	Heinz H	. Kla	atsch, M.D	•	Springfie	eld S	State Hos	pital			
23a.	. BURIAL, CREM REMDVAL (Spe	ATION, 23b. DATE TH		23c. NAME OF CEM	ETERY	OR CREMATORY	23d,	LOCATION (CIty, t	own or cou	nty)	(State	e)
	Wimonas	1/harch	30,196	1 VX 07 311	16	nalone Mo	2/4/			8	1 15	
24.	FUNERAL DIRE	CTOR	1/1/	ADDRESS	//	25a. REC	D'D BY RE	GISTRAR 25b. R	EGISTRAR'S	SIGNAT	URE	
4	runk	Il. Meny	11/1	Ukenrell.	08	MAL DATE MI	AR 3	1 1966	Clear	les y	udge	-
0			-		1	1.11		- 0		-0	U	

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## FOR STATE HEALTH DEPT.

O DEPUTY MEDIAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is cleased, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. TO DEPUTY MEDIC

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

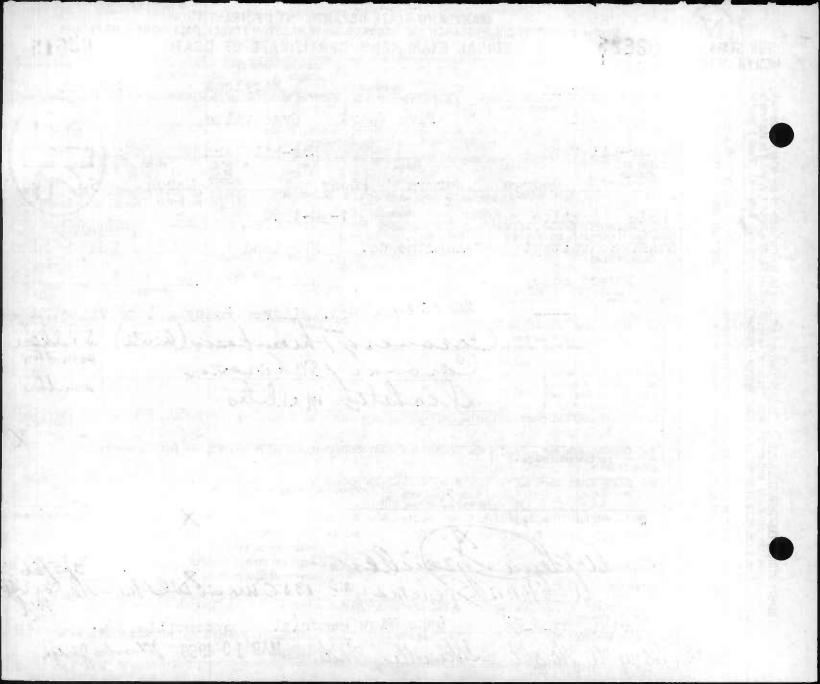
13525

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13645

1. PLACE OF DEATH	1 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. COUNTY	a, STATE b. COUNTY
	Maryland Carroll
b. CITY DR TDWN (If outside corporate limits,   c. LENGTH DF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)
write RURAL end give nearest town)	
Sykesville   Five Year	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 9. IS RESIDENCE DN A FARM?
77 3/2 7 T3	
Nor-Mil Farm	Nor-Mil Farm YES NO
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) George Norman Po	sev DEATH March 5, 19 66
	8. DATE OF BIRTH 19. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	lest birthdey) Months   Oays   Hours   Min.
Male White WIDOWED DIVDRCED	1-30-1900 66 yrs.
10e. USUAL OCCUPATION (Give kind of work done   10b, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	COUNTRY?
Staff Consultant   Telephone Co.	Maryland USA
13. FATHER'S NAME	14. MDTHER'S MAIDEN NAME
Danna Danna	W: 7 3 2 G 2
Edward Posey	Mildred Gardner
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY ND.   17. (Yes, no, or unknown)   (If yes give war or dates of service)   0.00	INFORMANT Address
	rs. Mildred Posey Sykesville Nd
	rs. Mildred Posey Sykesville Md
18. CAUSE OF DEATH [Enter only one cause pay line for (a), (b), end (c).]	CINSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Carouana	1 hubuleses (were) Susdan
1 34/ a V	1 lun the
000 10 17 00 4	1000 00000
Conditions, if eny, which	75 Cetter 1
gava risa to immediate DUE TO	to Moulho
Lause (a), stating the	6 Mellelas
undarlying causa lest. (c)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 119. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	PERFORMED?
IA.	YES NO D
20a. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCC	CURRED. (Enter nature of injury in Part I or Part II of Item 18.)
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	(miles) (miles) instance of miles)
CAUSE OF DEATH.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year While et work of work of work of work of work of work.	ACE OF INJURY (Home, farm,   2Df. (City or town) (County) (State)
Hour a.m. While - Not While - fact	ory, street, office bldg., etc.)
p.m. 19 et work et work	
21. I certify that I took charge of the remains described above, h	eld an Autopsy. Inspection X, Inquiry , and in my opinion
	uicide . Homicide . Undetermined manner
death resulted from: Naturel causes Accident, Si	
Land X 1. D.	CHIEF MEDICAL EXAMINER
SIGNATURE OFFICE OF SHELLES	M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
STORING TO THE STORY OF THE STO	DEPUTY MEDICAL EXAMINER X
EXAMINER'S III ( ) len o ( ) Shough to	MD 12 (-> 1 1710 / 1 1/2 (2 (5)
NAME (Type) /U. U. Pellill Delcher	Address (Street letter remonter confirmed milliage area
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	RY OR CREMATORY 23d. LDCATION (City, town or county)
REMOVAL (Specify) Rurial 3-8-66 Lake View	Memorial Sykesville Md.
Burial 13-8-66   Dake View   ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
WINDERDE DIRECTOR	
HAMIN TII MIMIT SUKCIONICE. 1	Md. DAMEAR 10 1966 Scharles Judge

VR AISME (5) 5M 1/65



VR AI5 (4) 20M 1/65

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03526 CERTIFICATE OF DEATH

0000		
1. PLACE OF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: R a. STATE b. CDUNTY	esidence before admission)
Carroll MARYLAND	Maryland Balto City	V
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
Sykesville 28yrs.10mos.28 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
		DN A FARM?
Springfield State Hospital	21 W. Franklin St.	YES NO X
3. NAME DF First Middle DECEASED DOCTO	Last 4. DATE Month	Day Year
(Type or print)  DORIS  (NMN)  5. SEX  6. COLDR DR RACE   7. MARRIED   NEVER MARRIED	ROBERTS DEATH MARCH 1  8. DATE OF BIRTH 9. AGE (In years   IFUNDER	3 19 66
Female White WIDDWED DIVORCED	7-15-03 62 last birthday) Months yrs.	Days Hours Min.
10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12. C	ITIZEN OF WHAT DUNTRY?
Waitress		.S.A.
13. FATHER'S NAME	14. MDTHER'S MAIDEN NAME	
Louis Roberts	Ida Cunningham	
(Yes, no, or unkown) (If yes give war or dates of service)	INFDRMANT Address	
	cords, Springfield State Hespi	
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN DNSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic he	eart disease	Years
4200 DUE TO		
Cenditions, If any, which gave rise to immediate (b)		
cause (a), stating the DUE TD		
underlying cause last. ) (c)   PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
CBS assoc. with CNS syphilis, meningoen	cephalitic, with psychotic	PERFORMED?
Peaction 25 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HDW INJURY OCCU	JRRED. (Enter nature of Injury in Part I or Part II of Item 18	Mean 1
B DR CONTRIBUTING □ CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
20c. TIME DF INJURY Month, Day, Year   20d. INJURY DCCURRED   20e. PLA facto   20m.   20m.	CCC DF INJURY (Home, farm, 20f. (City or town) (Coupry, street, office bidg., etc.)	unty) (State)
21 I certify that (1) (this hospital) attended the deceased from	L-15-37 19 to 3-13-66 19	, that (I) (we) last
saw the deceased alive on 3-13-66 19 , and that	t death occurred at :20 M, from the causes and on t	he date stated above.
22a. SIGNATURE	ATTENDING MED STAFE	ATE SIGNED
agustin del Campo. M.	o. 1113.	4-66
NAME (Type) Agustin del Campo, M. D.	22d. ADDRESS Springfield State H Sykesville, Marylan	
23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETER	Y OR CREMATORY   23d. LDCATION (City, town or co	unty) (State)
Simonal 3-15.66 V 1/07 M. Ch	releme Band BACTIMORE	3, Md.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	'S SIGNATURE
Frank 91. Henell Bikenillo	8 JANAR 16 1966 Acharl	es Judge
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00-87-0 Int. doi:10

I J-14-56

English dal Cenor, M. D. Sylosyillo, Maryland

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65 0

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTIC	CAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTI	MORE 1, MARYLAND
03621	CAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTI CERTIFICATE OF DEATH	0361

1.	PLACE DF DEAT	н					E (Where deceased		Residence before admission)	
Carrol 1 MARYLAND						a. STATE b. COUNTY  Maryland Carroll				
	b. CITY OR TOW	N (if outside corporate and give nearest town	limits,	c. LENGTH OF STAY	N 1b	c. CITY OR TOWN (IF	outside corporat		L and give nearest town)	
Ra			,	3 m 74		Sykesvil:	1.0		16-1	
-500	d. NAME OF HO	PHAL OR INSTITUTION	(If not in	hospital, give street add	ress)	d. STREET ADDRESS	Le		e. IS RESIDENCE	
ST		d State Hos							ON A FARM?	
	NAME OF	Fire		Middle		Last	4. DATE	Month	Day Year	
	DECEASED (Type or print)						DF DEATH			
5.	SEX	6. COLOR OR RACE 1	lian	G NEVER MARRIED [		Cobertson DATE OF BIRTH	19 AGE	March (In years   IF UNDER	19 19 66 R 1 YEAR IF UNDER 24 HRS.	
			WIDOWE		٦١.		last	birthday) Months	Days Hours Min.	
10a	. USUAL OCCUPAT	White ION (Give kind of work d				11. BIRTHPLACE (C	95 7	yrs.	CITIZEN OF WHAT	
dur	ing most of work	ing life, even if retired	200.	INDUSTRY				C	COUNTRY?	
13	FATHER'S NAM	fe				Maryland	THE MARKET	U	USA	
10.										
15	Nowell,					Egan, Mar	ry			
		EVER IN U.S. ARMED FOR (If yes give war or dates of		S. SOCIAL SECURITY NO.	17.	INFORMANT		Address		
	no	no		216-99-2978	Snr	ingfield Ho	snital m	ecorde. Sv	kesville. Md.	
	18. CAUSE OF	DEATH [Enter only one	cause per	line for (a), (b), and (c).]	1				INTERVAL BETWEEN	
	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (	a) Art	erioscleroti	c c	ardio-vascu	lar disea	ise.	ONSET AND DEATH	
1 330 X										
Conditions, If any, which \ (b) Parkinson's Disease.								1 1 1 1 1 1 1 1 1		
	gave rise to		-							
	cause (a), st underlying caus	tating the	c)							
NO	PART II. OTHER S	IGNIFICANT CONDITION	IS CONTRIB	BUTING TO DEATH BUT NOT	RELA	ED TO THE TERMINAL D	ISEASE CONDITIO	N GIVEN IN PART 1(a)	)  19. WAS AUTOPSY	
CERTIFICATION	CBS with	a cerebral a	rteri	escleresis w	ith	psychotic	reaction		PERFORMED?	
TIF	20a. ACCIDENT	WAS UNDERLYING	20b.	DESCRIBE HOW INJURY	OCCU	RRED. (Enter nature of	injury in Part I	or Part II of Item 18	8.)	
	(IF EITHER, NO	NG CAUSE OF DEATH	ER)							
CAL		INJURY Month, Day, Y	ear   20d.	INJURY OCCURRED   206	PLAC	E OF INJURY (Home, fa y, street, office bldg., et	rm, 20f. (City	or town) (Co	ounty) (State)	
MEDICAL	Hour a.n		While at wo	B - NOT WHITE	iactor	y, street, omce blug., et	10.)			
			. '	ded the deceased from	n 2-	12-65 .19	e to	3-19. 19 (	66, that I (we) last	
		ceased alive on				death occurred at	▲ M. from th	e causes and on	the date stated above.	
	22a. SIGNATUR	RE	10					22b. [	DATE SIGNED	
	2. G. fazonchere MD M.D. ATTENDING MED. DIRECTOR DIPHYS.								3-19-66	
	22c. PHYSICIA	loan	- 17					ald State		
	NAME (T)	R. G. Le	joneh	ere, M.D.			Sykesvil	Le. Md.	•	
23a		ATTON, 23b. DATE IN		23c. NAME OF CEM	ETERY			ON (City, town or co	ounty) (State)	
	REMOVAL SP	3/22/6	6	Caurel	Au	1	mas	cow mill	4 md	
24.	PUNERAL DIRE	CTOR /		ADDRESS	1	/ 844	D BY REGISTRAF		R'S SIGNATURE	
	E. J.	Imal-	Wes	term hor	77	16/ DMAR	2 1 1966	Milando	2. Judis	
	1		1-11	- yary		t		-		

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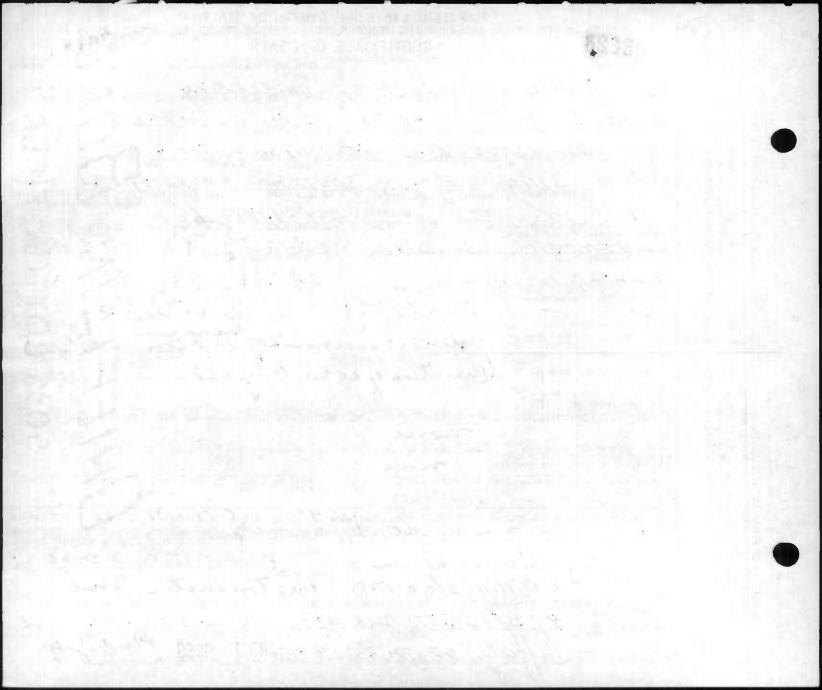
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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be faste Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. be executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 2DM 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
03626 CERTIFICATE OF DEATH

B. COUNTY    D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)   C. LENGTH OF STAY IN 1D							
b. C. LITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  write RURAL and give nearest town)  d. NAME DF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?  YES ENO  3. NAME DF FIrst Middle Last 4. DATE Month Day Year  DECEASED (1799 or print)  5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED Vyrs.  WIDOWED DIVORCED DIVORCED Vyrs.  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT  (Yes, no, or unknown) (Lifyssine war or dates of service)  DUE TO Conditions, if any, which gave rise to immediate outs (a) stating the underlying cause last.  (b) Reserved and the stating the underlying cause last.  (c)							
d. NAME DF HÖSPÍTAL OR INSTITUTION (if not in hospital, give street address)    A SHINGTON ROAD RATE   CON A FARM?   CON A FARM?							
d. NAME DF HÖSPITAL OR INSTITUTION (if not in hospital, give street address)  A SAME DF DECEASED (Type or print)  3. NAME DF DECEASED (Type or print)  5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH  10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired)  10b. KIND DF BUSINESS DR INDUSTRY  11. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  12. COLOR OR INDUSTRY  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address (Yes, no, or unkown) (If yesgive war or dates of service)  16. COLOR OR RACE 7. MARRIED NEVER MARRIED 19. AGE (in years) IF UNDER 24 HRS. INDUSTRY MINDUST 24 HRS. INDUSTRY MINDUST 24 HRS. INDUSTRY MINDUST 25 MARRIED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address (Yes, no, or unkown) (If yesgive war or dates of service)  18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO (b) PRESIDENCE ON A FARM! YES UNDIT AND DEATH ON SET AND DEATH ON							
3. NAME DF DECEASED (Type or print)  5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED JULY 24 99 SAGE (In years) IFUNDER 1 YEAR IFUNDER 24 HRS. WIDOWED DIVORCED JULY 24 99 ST.  10a. USUAL OCCUPATION (Give kind of work done uring most of working life, even if retired)  10b. KIND DF BUSINESS DR II. BIRTHPLACE (County & State, or foreign country)  11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN DF WHAT COUNTRY?  13. FATHER'S NAME  14. MDTHER'S MAIDEN NAME  14. MDTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT Address (Yes, no, or unkown) (Ifyesgive war or dates of service)  18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c)							
DECEASED (Type or print)  5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED JULY 19. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   last birthday) Months Days Hours Min.  10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS DR   11. BIRTHPLACE (County & State, or foreign country)  13. FATHER'S NAME  14. MDTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SDCIAL SECURITY ND.   17. INFORMANT   17. INFORMANT   18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO Cenditions, if any, which gave rise to Immediate cause (a), stating the underlying cause last. (c)							
Type or print   Type or prin							
Interval Between Marked   Interval Between   Interval Between Marked   Interval Between Marked   Interval Between Marked   Interval Between Marked   Interval Between   Inte							
DIVORCED   JULy 24   Syrs.							
13. FATHER'S NAME  14. MDTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service)  18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to Immediate cause (a), stating the underlying cause last.  (c)  INDUSTRY  COUNTRY?  COUNTRY?  CARROL CO.  ARROLD NAME  14. MDTHER'S MAIDEN NAME  CARROL CO.  ARROLD NAME  14. MDTHER'S MAIDEN NAME  CARROL CO.  ARROLD NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SDCIAL SECURITY ND. 17. INFORMANT AND ADDRESS VACOR  Address VACOR  ONSET AND DEATH ONSET AND DEATH CO.  ONSET AND DEATH							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) 220-07-975 (WIFE SMALL WOOD), MD  18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Colena current of Colena Col							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) 220-07-975 (WIFE SMALL WOOD), MD  18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Colena current of Colena Col							
(Yes, no, or unkown) (If yes give war or dates of service)  18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  (c)							
(Yes, no, or unkown) (If yes give war or dates of service)  18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  (c)							
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Column Current Color  Conditions, if any, which gave rise to Immediate cause (a), stating the underlying cause last.  (c)							
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Croleng - Current of Colon  Conditions, if any, which gave rise to Immediate cause (a), stating the underlying cause last.  (c)  ONSET AND DEATH  ONSET AND DEAT							
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Colono-current of Colon  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  (c)  Colono-current of Colon and Colono and Colon							
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO  (b) Reserting of colon ang (5)  OUE TO  (c)							
Conditions, if any, which gave rise to Immediate cause (a), stating the underlying cause last.  (b) Resection of color and (5)  DUE TO  (c)							
cause (a), stating the DUE TD Output (c) Output (c)							
underlying cause last. (c)							
PERFORMED?							
YES NO NO							
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)							
G OR CONTRIBUTING CAUSE OF DEATH G (IF EITHER, NOTIFY MEDICAL EXAMINER)							
3 20c. TIME DF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)							
Hour a.m. While Not While							
21. I certify that (I) (this hospital) attended the deceased from tody 7, 1965, to 7, 236, 1966, that (I) (we) last saw the deceased alive on 36, 1966, and that death occurred at 36, M, from the causes and on the date stated above.							
saw the deceased alive bit. 1906, and that death occurren are m, from the causes and bit the date stated above.  22a. SIGNATURE							
ATTENDING THE MED. STAFF STAFF STAFF							
22c, PHYSICIAN'S 2							
NAME (Type) C. L. Billings (ca MD) Westminster, and							
23a. BURIAL CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)							
BURIAL SPECIFY 4-12/66 DEER PARK METH CEN, SMILL WOOD, MD							
24. FUNERAL DIRECTOR ADDRESS   25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE							
Money G. Sassells, WESTMINSTER MOMPR 1 1966 Poliarles Judge							
Marine - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							



	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET,	<b>BALTIMORE 1, MARYLAND</b>
2024	CEDTIFICATE OF DEATH	0301

	13063			CERTIFICA	IL OL DEN	ПП				1/0	DI	1
1.	PLACE DF DEAT	Carrol	1	MARYLANG	2. USUAL RESI a. STATE	DENCE (Who		ved, If inst b. COUNT	and a		before ad	
R	b. CITY OR TOW write RUBAL ural-Sy	N (if outside corpora and give nearest tow Kesville	te Ilmits, in)	c. LENGTH OF STAY IN :			e corporate	limits, writ	te RURAL	and giv	e neares	t town)
	d. NAME OF HO	SPITAL OR INSTITUTION	N (If not in	hospital, give street addre	d. STREET AODR	ESS				e	. IS RES	
-		1d State H	lospit	al	4927 Cr	escen	t Stre	et		У		NO 🔀
3.	NAME DF DECEASED		rst	Middle	Last	0	ATE F	Month		Day	Yea	
5	(Type or print)	6. COLOR OR RACE		NMN	Schwarz		I 9. AGE (	In years II	FINNED	6	19 (	
1							last b	irthday)	Months	Days	Hours	Min.
10	female a. USUAL OCCUPAT	white   ION (Give kind of work	done   10b.	KIND OF BUSINESS OR	10/23/8		82 State, or fore	yrs.   gn country)	12. C	TIZEN	OF WHAT	
du	ring most of work housewi	ing life, even If retire	d)	INDUSTRY	Austr	า๋ต			CC	UNTRY	7 JSA	
13	. FATHER'S NAM				14. MOTHER'S		ME				, DA	
	unknow	n			unkno	Wn.						
15 (Y	. WAS DECEASED	EVER INU.S. ARMED FO	RCES? 1	6. SOCIAL SECURITY NO.   1	7. INFORMANT		-554	Address	3			
``	no			none S	pringfield	Hosp	ital r	ecor	ds,S	ykes	vil	Le
				r line for (a), (b), and (c).]							RVAL BET	
	PART I. DI	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a) A	irteriosclerot	ic cardieva	scular	disea	ase		Yes	irs	
	422	/ DUE	TO							100		
Z.	Conditions, If gave rise to	Immediate /	(b)					-				
	cause (a), s	-	TO (c)							24		
LION	PART II. OTHER	SIGNIFICANT CONDITION	NSCONTRI	BUTING TO DEATH BUT NOT R	ELATED TO THE TERMI	NAL DISEASE	CONDITION	GIVEN IN P	ART 1(a)	19.	WAS AU PERFOR	
ICA	Chronic	brain syn	Obesit	with senile	brain dis	ease	MICH I	leuro	LIC	YE		NO 🗌
CERTIFICATION	20a. ACCIDENT	WAS UNDERLYING DING CAUSE OF DEATIFY MEDICAL EXAMI	TH NER)	DESCRIBE HOW INJURY O	CCURRED. (Enter natu	re of Injury	in Part I or	Part II of	item 18.	)		
MEDICAL	20c. TIME OF Hour a.i		Year   20d.   Whi	le Not While	PLACE OF INJURY (Hor actory, street, office blo		Of. (City or	town)	(Cou	nty)	(S	State)
2				nded the deceased from.	2/4/	19 66	to 3	5/6/	. 1966	5 . th	at AD (w	ve) last
-		ceased alive on	3/6/	19 66 , and 1	hat death occurred	at 9:4	from the	causes a	and on the	he date	stated	above.
	22a. SIGNATU		1.00	· V .	ATTENDING .	MED.	ST	AFF -	22b. D.			1,-0
	22c. PHYSICIA	1585 JUE	enger	/11/	M.D. PHYS 22d. ADDRES	DIRECT	OR PH	YS. 2		3/6/		-1
C	NAME (T		Sucho	oleiki, M.D.	ZZG, ADDRE	_	esvill				hree	1.1
23	a. BURIAL, CREM	MATION, 23b. DATE	THEREOF	23c. NAME OF CEMET	ERY OR CREMATORY		. LOCATION				(St	ate)
C	remation	ecify) 3/8/6	6	Cedar Hill C	emetery	Pr	ince G	eorge	Co.,	Md.		
24	Tyson Wh	CTOR	Pooles	ADDRESS ille Pike, Rock	1 25a.	REC'D BY	REGISTRAR				ATURE	
	Lyson Will	ectet-1991	HUCKV.	FILE LIVE, VOCK	DAT	MAR 9	1968	i gc	liant	en I	udge	-

VR AI5 (4) 20M 1/65

E 12 / 24 . Server Server Viv mone | Statuties | Bondist | Person | Person | enaceth relacenvolumes entacted brottest 1133 Chronic renin surveyer with continuous from Sincere with near the 331315 Charles of excell prestingles .C.M. (2) is long the recloid School alliant a mention that more makes

re a the discrete the state of the last to the the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physichen and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	UUUU	U		OLIVIII IC	***	01 0111				U U U	-
1.	PLACE OF DEAT a. COUNTY			MARYL	NO.	2. USUAL RESIDE	Md.		HINTY	arroll	admission)
6	b. CITY OR TOW WITE RURAL Finksbu	(N (If outside corporate II and give nearest town)	mits,	c. LENGTH OF STAY		c. CITY OR TOWN	(If outside Finksb	to the pure of the	write RURAL	and give near	est town)
	d. NAME OF HO	SPITAL OR INSTITUTION (	If not in he	ospital, give street add	dress)	d. STREET ADDRES	\$\$		-	e. IS R	ESIDENCE FARM?
	Murray						ay Ros			YES	ND 🗌
3.	NAME OF DECEASED (Type or print)	First Walter		Middle W •	Sh	Last	01	eath Ma:	rch 28,	19	ear 66
5.	SEX	6. COLOR OR RACE 7.	MARRIED	NEVER MARRIED		. DATE OF BIRTH		9. AGE (In year last birthda		Days Hour	
	Male	White	MIDOWED	DIVORCED		Feb. 28.	1890	76 yrs	C 1. WAL.		
du	Supervi		1 11	NDUSTRY		Mary:	land	Esta, er fereign com	try) 12. Co	TIZEN OF WH. UNTRY? USA	AT
13	. FATHER'S NAM	E	100			14. MOTHER'S M	AIDEN NAM	IE			
		H. Sherman	1-9-7				bel Wi				
		EVER IN U.S. ARMED FORCE (If yes give war or dates of ser	vice)	SOCIAL SECURITY NO.		INFORMANT			ress		
	No		2]	16-10-5927	Mrs	. Clara H	. Sher	man Fi	nksburg		
	The second section is not a second	DEATH [Enter only one ca EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		ine for (a), (b), and (c).		ıa				INTERVAL E	
	443.	DUE TD					. 7	-L2- 0	77		
	Conditions, If		ну	pertensiv			crer	otic C.	V •	15-20	yrs.
	gave rise to				נע	sease					
×	underlying cau									I19. WAS	AUTDPSY
CERTIFICATION	PART II. OTHER	SIGNIFICANT COMDITIONS								YES _	RMED?
CERTIF	OR CONTRIBUT	WAS UNDERLYING THE ING CAUSE OF DEATH THE MEDICAL EXAMINER		DESCRIBE HOW INJUR	Y OCCU	RRED. (Enter nature	of injury	n Part I or Part I	i of item 18.	)	
MEDICAL	Hour a.	INJURY Month, Cay, Yea m. 19	White at work	- Not While -		CE OF INJURY (Home ry, street, office bldg	(., etc.)	of. (City or Lown		nty)	(State)
	21. I certi	fy that (I) (this hospita	l) attend	ed the deceased fro	m J1	11y 6		to Mar. 2		6, that (I)	
		ceased alive on Mar	ch 1	5_1966, an	d that	death occurred a	t8A.N	l, from the caus			ed above.
	22a. SIGNATU	Martin	8.8	trobel	M.D	ATTENDING PHYS.	MED. DIRECTO	OR STAFF		28-66	
	22c. PHYSICI NAME (T		. St	robel, M.	D,	48 Mai		. Reist	ersto	m, Md	•
23	a. BURIAL, CREI REMOVAL (So Burial			Woodlawn			23d	Woodlawn		Mty) Id.	(State)
24	4. FUNERAL DIR			ADDRESS	Tul	25a.	REC'D BY	REGISTRAR 25b.	REGISTRAR	S SIGNATURE	
	J. F. El	ine & Sons F	Reiste	erstown, Md	•	DATE	AR 3 (	1966	Clark	es Judy	الح
-						5.5	1111	//		(1 0	

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230-13-5927 Mars. Class I. Shore an Sinkunder, 14.

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MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M/	ARYLAND
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MACONDARY OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MACONDARY OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MACONDARY OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MACONDARY OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MACONDARY OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MACONDARY OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MACONDARY OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MACONDARY OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MACONDARY OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MACONDARY OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MACONDARY OF STATISTICAL RESEARCH AND RECORDS OF STATISTICAL RESEARCH RESEARCH RESEARCH RESEARCH RESEARCH RESEARCH RESEARCH RE	3621

1. PLACE OF DEATH a. COUNTY	USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)     a. STATE     b. COUNTY						
Carroll MARYLAND	Maryland Carroll						
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
Rural, Taneytown, Md. 58 Years	Rural, Taneytown, Md.						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS Mailing Address 6. IS RESIDENCE ON A FARM?						
Mailing Address, Littlestown, Pa. R.D.1	Littlestown, Pa. R. D. 1 YES NO E						
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year						
(Type or print) Charles Edgar Sho	Demaker DEATH March 8 1966						
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	3. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   last birthday)   Months   Days   Hours   Min.						
	March 2, 1887 79 yrs.						
LOa. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?						
Farming His own farms	Adams County, Penna, U.S.A.						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
John W. Shoemaker	Margaret Study						
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. (Yes, no, or unknown)   (If yes give war or dates of service)	INFORMANT Address						
	s. Euro Shoemaker, Littlestown, Pa. R.D.1						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN						
PART I. DEATH WAS CAUSED BY:	ardial Infarction Immediate						
IMMEDIATE CAUSE (a)							
Conditions to any which i	Cordiovasculor Disease 254KS						
gave rise to Immediate	4 0						
cause (a), stating the underlying cause last.	TICCVD 21985						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ITED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?						
Anoina Pectoris - Con	gestive Heart Failure YES NO NO						
202 ACCIDENT WAS LINDERLYING TO 1 20b. DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of Injury In Part I or Part II of Item 18.)						
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)						
Hour a.m. While - Not While - factor	ry, street, office bldg., etc.)						
21. I certify that (I) (this hospital) attended the deceased from	t death occurred at M, from the causes and on the date stated above.						
saw the deceased alive on #65 25 19 66, and that	death occurred are stated above.						
ATTENDING MED STAFF STAFF							
22c. PHYSICIAN'S	D. PHYS. PHYS. PHYS. 22d. ADDRESS						
NAME (Type) Ambler Thompson	Tanevtown. Md. 21787						
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY							
Burial 3/11/46 Mt. Carmel Ce	emetery Littlestown, Adams Co., Pa.						
24 TONERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						
Richard A. Tittle Littlestown, 1	Pa. DAMAR 11 1966 Acharles Judge						
1 - VIVIA 1 KNUL							

LLOIS M. Ditto 1 22 44 work, windy worms, Nd. 38 Keips Michily Liney worms, Nd. Satisfus Adoresa series sign snearch intens 7, 1867 ( m = 1921, 11 111/11/11/11 . 1101. 175-00-000 For also and integran, a. v. .1 acute Whyscardial Inforction Tundate Hypertensixe Condinusculor Disence Esyles 2,2482 AvTeriosoleraTie CVD Angina Pectoris - Congestive Heart Toller Table . It , n pargines 

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physiciem and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and the phy event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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		MARYLAND STATE DEPARTMENT OF HEALTH
	IO NOIZIVIO	F STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLANI
	03638	F STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLANI  CERTIFICATE OF DEATH
1.	PLACE OF DEATH	1 2 HCHAI DECIRENCE (Where deceased lived 16 inctitutions Decidence before

1.	a. COUNTY			MARYLAN	ND 2.	a. SIATE Maryla			ltimor	a Co.
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Sykesville  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS										
			N (if not						5	e. IS RESIDENCE ON A FARM?
	Springfi	eld State H	ospi	tal		Unknow	m			YES NO
3.	NAME DF DECEASED	Fi	rst	Middle		Last			onth	Day Year
(Type or print) AGNES MARIE SHRIVER DEATH MARCH 7								19 66		
5.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	8. 1	ATE OF BIRTH	14 (-00	9. AGE (In year last birthda		1 YEAR IF UNDER 24 HRS. Days Hours   Min.
	'emale	White	WIDO			-15-1897		68 yrs		
10a dur	ing most of work	ION (Give kind of work ing life, even if retire <b>k - maid</b>	done 10	Db. KIND OF BUSINESS OR INDUSTRY	1	i. Birthplace (		tate, or foreign cou	CC	OUNTRY?
13.	FATHER'S NAM				14	MOTHER'S MAI		E	U	·J·A·
	Willi	am Hubbard				finna Lee	Casi	ino		
15	. WAS DECEASED	EVER IN U.S. ARMED FO	RCES?	16. SOCIAL SECURITY NO.	17. INF		0 000		tress	
	No	(11 yes give war or dates o	( service)	Unk.	Reco	rds. Spri	nofie	eld State	Hespi	t.e.T
		DEATH [Enter only on	e cause	per line for (a), (b), and (c).]				200		I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease								ONSET AND DEATH	
	420,	DUE			U.F.				-	
	Conditions, If	any, which	(b)							
	gave rise to cause (a), s	The same								
_	underlying cause last. ) (c) Pneumonitis							Days		
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  Mental deficiency, severity not specified								19. WAS AUTOPSY PERFORMED? YES NO	
CERTIF	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING ☐ NG ☐ CAUSE OF DEA TIFY MEDICAL EXAMI	TH NER)	b. DESCRIBE HOW INJURY	OCCURRE	D. (Enter nature	of injury i	n Part I or Part I	l of Item 18.	.)
MEDICAL	20c. TIME OF Hour a.r p.i		W			F INJURY (Home, reet, office bldg.,		f. (City or town	(Cou	inty) (State)
	21. I certif	y that (I) (this hosp	ital) att	tended the deceased from		th occurred at	19	to3-7-66		, that (I) (we) last he date stated above.
	22a. SIGNATU	RE (	0. /		that ue	illi occorred ac		, irom the caos	22b. D	ATE SIGNED
	Moe	al ruello	Keh			TTENDING DHYS.	MED. DIRECTO	R PHYS.	x 3-	7-66
	22c. PHYSICIA NAME (T		de la			22d. ADDRESS	pring	field St	ate Ho	p ital
		Moises S	ucho	leiki, M. D.		S	ykesv	rille, Ma	ryland	
23a	REMOVAL (Spe	3-10	HEREOF 66		Linus	my Boar	1	/ 1 4 - 1 1 1	NOKE	, md.
24	FUNERAL DIRE	CTOR VIO	wh	ADDRESS PRESS	Md	DATE DATE	EC'D BY R	EGISTRAR 25b. 1 1966		S SIGNATURE
1	, , , ,	11.		1	4				· · · · · · · · · · · · · · · · · · ·	

of standard bearing Co. to reight . EUNES. ETC. ETVL La land bing his his that he SIRSY SHEEK 101-1071 1 68 bing - 21085UNE united say shart far ment easts bindinghing sungered and A STATE OF THE STA Manual cell clency, coverity not specifical ope but Last work available bis Hambags ---

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TO FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1.	a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, if institution: R a. STATE b. COUNTY	esidence before admission)
	b. CITY OR TOWN (if outside corporate limits	MARYLAND  1 c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I) outside corporate limits, write RURAL	and also negreet town
	write RURAL and give nearest town)	2 MAN	C. CITY OR TOWN (1) Outside Corporate mines, write RORAC	and Rise nealest rown)
_	d. NAME OF HOSPITAL OR INSTITUTION (if not	In hospital give street address	d. STREET ADDRESS	e. IS RESIDENCE
1	ong View nuring	& Hame MI	442 Baltimare St	ON A FARM?
3.	NAME DF First	Middle	Last / 2   4. DATE Month	Day Year
	OECEASED (Type or print) A NN 2 H	PALICE	SMITH DEATH MATCH &	3 1966
5.	SEX   6. COLOR OR RACE   7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH   9. AGE (In years   IFUNDER	
1	emale White WIDO		June 26, 1884 83 yrs.	Days Hours Min.
Ada	. USUAL OCCUPATION (Give kind of work done   1 ing most of working life, even if retired)	Ob. KIND OF BUSINESS OR INDUSTRY		TIZEN OF WHAT
7	encher- Hauseinge	INDOSTAT	Hrederick Co. Md &	1157
13.	FATHER'S NAME	•	14. MOTHER'S MAIDEN NAME	
	Emanuel Wh	utmore	martha Stritley	
	. WAS DECEASED EVER IN U.S. ARMED FORCES? (S, no, or unkown)   (If yes give war or dates of service)		INFORMANT Address	,
(	Tur	n	un Eugene Weaver wich 175	tor, ud
	18. CAUSE DF DEATH [Enter only one cause	per line for (a), (b), and (c).]	~ 1	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Couran	ary Shromboro	ONSET AND DEATH
	4201 DUE TO 0	4	. 1 . 1 . 1	
	Cenditions, If any, which \ (b)	rteriorcle	stic Heart Burene	3 yes
	gave rise to Immediate			
	underlying cause last.	generalin "	1 artenorderous	5 yrs
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	119. WAS AUTOPSY
CERTIFICATION	Conclusion	antinople.	mass 5 ms.	PERFORMED?
E E	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH		URRED. (Enter nature of Injury In Part I or Part II of Item 18.	)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)			
CAL		Od. INJURY OCCURRED   20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State)
MEDICAL		work at work	ory, street, omog brug., etc./	
1	21. I certify that (II) (this hospital) at			
	saw the deceased alive on 3/22	1966, and the	at death occurred atM, from the causes and on the	
	22a. SIGNATURE	nd	ATTENDING MED. STAFF	ATE SIGNED
	22c. PHYSICIAN'S	М.	D. PHYS. DIRECTOR PHYS. 122d. ADDRESS	100
	NAME (Type) W. H 1-0	ATL MID	Marchester, M	0
23a		23c. NAME OF CEMETER	Y OR CREMATORY   23d, LOCATION (City, town or cou	inty) (State)
	Survey 3/25/6	5 Kredero	Cemelen, Rural Miloto	nenato Tol
24		ADDRESS	253 REC'D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE
	X 2 Myero & Ine	Minster	md MAR 28 1966 Jolianle	Judgle
1	1 111			0-0-

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deapth. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH

<u> </u>	CERTIFICATI	E UF DEATH	110044
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, If institution: Re	esidence before admission)
a. COUNTY CARROLL	190 1 91	a. STATE ( b. COUNTY	Ca
h CITY OR TOWN (if outside comparete limite	MARYLAND	Maryland Helgany	C U
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
Sykesville	3 yrs. 3 mores.	Cumberland	01-2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	spital, give street address)	d. STREET AODRESS	e. IS RESIDENCE
Springfield state Hosp.	Sykesville, Hd.	603 Greenway Ave.	ON A FARM? YES NO NO
3. NAME OF DECEASED (Type or print) FAR	FORD S	PICHER 4. DATE Month OF DEATH MORCH	0ay Year 1966
5. SEX 6. COLOR OR RACE 7. MARRIED	ZI NEVED MADDIED I S	B. DATE OF BIRTH   9. AGE (In years   IFUNDER )	
Male White WIDOWED	NEVER MARRIED		Oays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done   10b. Kir	ND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country)   12. Cl	TIZEN OF WHAT
during most of working life, even if retired) IN	DUSTRY	POUNTY EVANIA CO. DOLL CO	UNTRY?
13. FATHER'S NAME	4:	14. MOTHER'S MAIDEN NAME	, 2 , 11
13. PATHER'S NAME	2 0	G ASSESSED	
William Spire	specter	Julia Wassam	
(Yes, no, or unkown) (If yes give war or dates of service)	OCIAL SECURITY NO. 17	INFORMANT Address	2000
Yes Wass	- h	les dena Specher limb	Culland, MX
18. CAUSE OF DEATH [Enter only one cause per lin	e for (a), (b), and (c).]		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	neumonia		Oake.
4200 DUE TO >	1 . 0	1.0.10.	
Conditions If any which \	1 terio- scre	rotic heart disease	40075
gave rise to Immediate	0 -	4	
cause (a), stating the DUE TO	1010/202 218	terio-sclerosis.	years
underlying cause last. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
& Chronic blain syndrome	with senite	brain disease.	YES NO
Chronic blain Syndrome  20a, ACCIDENT WAS UNDERLYING   20b. DE  OR CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of Item 18.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)			
3 20c. TIME OF INJURY Month, Day, Year   20d. IN.		CE OF INJURY (Home, farm,   20f. (City or town) (Cour	nty) (State)
ZOC. TIME OF INJURY Month, Day, Year   20d. IN. Hour a.m.  p.m. 19 at work	- NOT WHILE -	ry, street, office bldg., etc.)	
p.m. 19 at work	at work		/
21. I certify that (I) (this hospital) attended		2-3/ , 1950, to 3-18 , 196	4, that (I) (we) last
saw the deceased alive on 3-18	19_66, and that	death occurred at & PM, from the causes and on th	
22a. SIGNATURE			TE SIGNED
-Juha U38	M.O.	. ATTENDING MED. STAFF PHYS. STAFF	17-1766
22c. PHYSICIAN'S NAME (Type) C///-/	7 12 14 14	22d. ADDRESS 1 19 Pipelo State Hosp.	5.1 to 0 00.
3 WITH U	ZGUN	Springfield state Hosp.	Med.
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or cou	nty) (State)
	6 BloomingRos	se Cemetery Priendsville, M.	٦.
24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
James F. Scarpelli, Cumb	erland,Md.	DATE AND O C 1000 MM. II	0. 100
		DATE AR 22 1968 garde	y Judge

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and completely filled in by the funeral carbon papers. Pages 1 and 2 should it, within 72 hours after death. hin 24 hours after TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed death. Page 1.34 be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any ment, within 72 hou

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICA	L KESEAKCH AND KECOKD	3, 301 W. PRESTOR 31K	EEI, DALIIMORE I,	MARILAND
03635	CERTIFICAT	TE OF DEATH		03625
PLACE OF DEATH		2. USUAL RESIDENCE (Whare	dacaesed livad, If Institution:	Residance bafore admission)
e. COUNTY		a. STATE	b. COUNTY	4.4
Carroll	MARYLAND	ma	Carro	
<ul> <li>b. CITY OR TOWN (if outside corporate limits write RURAL and give nearest town)</li> </ul>	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co	orporata limits, write RURAL as	nd give nearest town)
nanchester, md.	8 days.	Marchest	er	06-1
d. NAME OF HOSPITAL OR INSTITUTION (if	not in hospital, give street address)	d. STREET ADDRESS	4 0 1	IS RESIDENCE     ON A FARM?
Imperes Mussing 11	me 128N main C	I Park live.	eflerded	YES NO D
NAME OF	Middle	Lest 4. DAT	E Month	Day Yeer
DECEASED	J = -01:	// OF	m a	m
(Type or print) William		Steger DEA	11ca ton	8 1966
. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED B	DATE OF BIRTH 1869	9. AGE (In years   IF UNDER	
male W	WIDOWED DIVORCED	Dec 10,18170	96 yrs.	Days Hours Min,
Oa. USUAL OCCUPATION (Giva kind of work done duging most of working lifa, even if retired	106. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State,	or foraign country) 12. CI	TIZEN OF WHAT COUNTRY?
Farmer		Mermony ?		USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	0 11	
Carl Stepen		Fulerac	Ka Y. Kou	rtman
5. WAS DECEASED EVER IN U.S ARMED FOR	CES?   16. SOCIAL SECURITY NO.   17. 1	NFORMANT	Addrass	a witerstin
Yes, no, or unkown) (Ifyes giva war or dates of se		art c.	park	un the
no	more g	hu ( Sleger (h	ephew) man	hour, wa
18. CAUSE OF DEATH [Enter only ona	cause par lina for (a), (b), and (c).]	, , ,		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY	Com a 0. m 0	a de	wombarso	luh
IMMEDIATE CAUSE (a)_	www.			
5521 DUE TO	0 0	0 to	1.	5
Conditions, if any, which (b)_	generally od	anousta	erous	- my
gava rise to immadiate causa				
(e), stating the underlying cause last.	0			
	IONS CONTRIBUTING TO DEATH BUT NO	T DELATED TO THE TERMINIAL DISEA	SE CONDITION CIVEN IN PAI	PT 1/all 19 WAS AUTOPSY
PAKI II. OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH BUT NO	OF KELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN FAI	PERFORMED?
A COUNTY WAS INDEDIVING FOR	20b. DESCRIBE HOW INJURY OCCURED	/February of injury in Bost Los Bo	et II of item 18 )	110
20a. ACCIDENT WAS UNDERLYING  OP. CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	208. DESCRIBE HOW INJURY OCCURED	. (Enter natura of injury in rati i of re	it if of field to.,	
20c. TIME OF INJURY Month, Day, Yea	r   20d. INJURY OCCURRED   20a. PLA	CE OF INJURY (Homa, farm,   20f. (	City or town) (Co	ounty) (State)
Hour e.m.		ory, straat, office bldg., alc.)		
p.m. 19	at work at work	1/	11	
21. 1 certify that (1) (this hospit	attended the deceased from	918/ 1957	10 March 8, 19	66:, that (1) (we) last
saw the deceased alive on	1966, and that	death occured al. A.M., fr	om the causes and on	the date stated above.
228. SIGNATURE	1			22b. DATE
111111111	much	ATTENDING MED. PHYS. DIRECTOR	STAFF PHYS.	2 SIGNED
DUVERGIANIES	M	22d. ADDRESS	(	1 2/8/66
22c. PHYSICIAN'S NAME (Type)	FATTE M.D	MANCE	piter M	

BURIAL, CREMATION, 23b.
REMOVAL (Specify)

Survey DATE THEREOF 6 0

23 MAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town-or county)

(Stata) REGISTRAR'S SIGNATURE

DIRECTOR'S SIGNATURE 24 FUNERAL

25a.

1966

ve.

VR A15 (4) 15M 7/61

Ja 00 H 1 W W. It Forted at a Mide chester ALL ISEC KINS OF THE STATE OF T TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it are event, within 72 hours after death.

VR AI5 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
03636
CERTIFICATE OF DEATH

1. PLACE OF DEAT	Н			2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)			
	Carroll		MARYLANO	a. STATE Maryland b. COUNTY Carroll			
b. CITY DR TDV	VN (if outside corporate and give nearest town	Ilmits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I	f outside corporat		L and give nearest town)
RuralSyl	. and give nearest town	)	2m. 19days	Westmin	ster		-1-1
d. NAME OF HO	SPITAL OR INSTITUTION	(if not In he	ospital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE
				Danka III.			ON A FARM?
3. NAME DE	ld State Ho			Route #4			YES NO X
DECEASED	Fire		Middle	Last	4. DATE	Month	Day Year
(Type or print)	Loui	se	Watson	Swann	DEATH	3	29 19 66
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED   8	. OATE OF BIRTH	9. AGI	E (In years   IF UNDER   Months	Days Hours Min.
female	white	WIDOWED	DIVORCED X	9/26/86	79	yrs.	oujs Hours Mill.
10a. USUAL OCCUPA	TIDN (Give kind of work d	one 10b. K	IND OF BUSINESS OR	11. BIRTHPLACE (	County & State, or fo	reign country)   12. C	ITIZEN OF WHAT OUNTRY?
cook	mo, even n redied	11	TOUGHNI	Maryla	nd	C	USA
13. FATHER'S NAM	<b>NE</b>			14. MOTHER'S MAI	DEN NAME		UMB
Samuel	Thomas Col	ison		Sarah	Spence		
15. WAS DECEASED	EVER IN U.S. ARMED FOR	CES?   16.	SOCIAL SECURITYNO.   17.	INFORMANT		Address	
(Yes, no, or unkown)	(If yes give war or dates of	service)			W		Contra contra a
no Lie cause de	DEATH CENtra columna		218-22-3372 SI	bringilerd	nospita.	records-	the state of the s
	DEATH [Enter only one EATH WAS CAUSED BY:						ONSET AND DEATH
FART I. U	IMMEDIATE CAUSE (	a) Car	rdiac failure				days
573,	DUE T	0 5	2 0 12				
Conditions, If		Rei	nal failure				years
gave rise to cause (a), s		0					THE RESERVE
underlying cau	se last.	c)					
PART II. OTHER	SIGNIFICANT CONDITION	IS CONTRIBU	TING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL	PISEASECONDITIO	NGIVEN IN PART 1(a)	19. WAS AUTOPSY
A Curonic	orain synd rotic react	rome v	with cerebral	arteriosc.	rerosis 1	with	PERFORMED?
20a. ACCIDENT	WAS UNDERLYING	20b, I	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature o	of Injury In Part I	or Part II of Item 18	
PART II. OTHER Chronic neu: 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	ING CAUSE OF DEATH	H ER)					33.17.72 (2.00)
	INJURY Month, Day, Y		NJURY OCCURRED   20e. PLAC	CE OF INJURY (Home, f	farm. 20f. (City	or town) (Co	unty) (State)
Hour a.	m.	While	Not While factor	y, street, office bldg.,		(00	(4.11.1)
	m. 19	at work	at work	- / /		- 100 1 1	
			ed the deceased from				6, that Ok (we) last
	ceased alive on	3/39/	19 66, and that	death occurred at	11:10 from t		the date stated above.
22a. SIGNATU	RE SA	01/2		ATTENDING -	MED.	TAFE	3/30/66
	60	fille	M.0	. PHYS.	DIRECTOR .	HYS.	7/ 70/ 00
22c. PHYSICI. NAME (T	imal lami	T D	W D	22d. ADDRESS	Springf:	ield State	Hospital
	- Equie e	J. Re	eeves, M.D.		Sykesvi	lle, Maryl	and
23a. BURIAL, CREM	MATION, 23b. DATE TH	TEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATI	ON (City, town or co	ounty) (State)
Tures (50	1-1-1-	66	Billemort Les	Me level	MAY-TA	The x3	tell Ing
24, FUNERAL DIR	ECTOR	eh 2 /	ADDRESS	25a. RE	C'D BY REGISTRA	R 25b. REGISTRAR	'S SIGNATURE
Terry IN	かりフラの	076	offerd Kore	DATEA	PR 1 19	66 ychan	les Juant
1-0-1	U.F.		7.01	DATE	11 10	W #	10

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the description of the contract of the contrac Leving Colonia State Noopital ablic ofmet ed break attroom territored brettaning there all Cardina fallen and the control of the company of th

The state of the s

Ask briegly street block block by

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 03637 CERTIFICATE OF DEATH

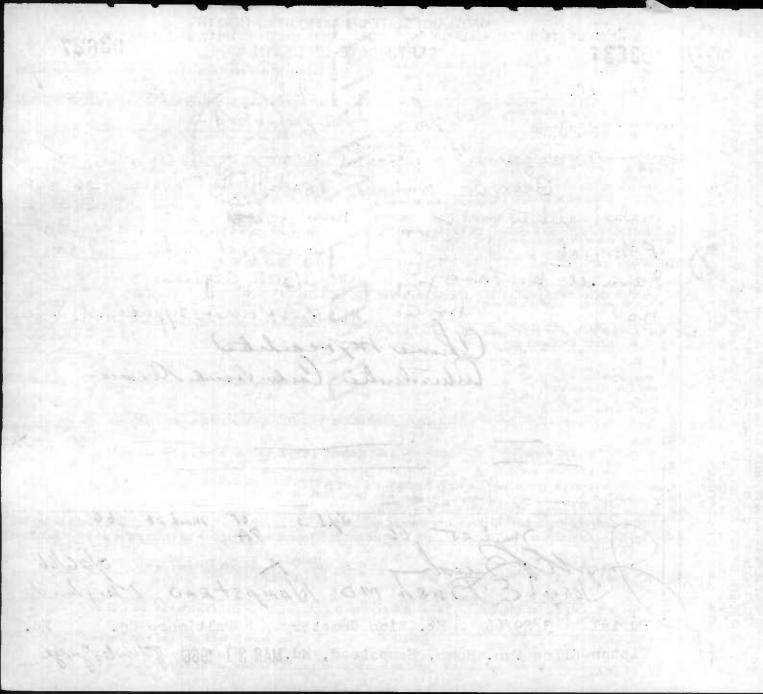
00003	
1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY
b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b	c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)
manchester md. 7mo.	reppersond - 03-2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
Longrew hursing Home. manchesty m	none YES NO
3. NAME DF DECEASED (Type or print) George Richard	TRACEY DEATH March 26 1966
5. SEX 6. COLOR DR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 1881 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months   Days   Hours   Min.
1Da. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel J. Tracy	Betty algine
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) ((If yes give war or dates of service)	INFORMANT O Address
no more m	Is Kis Kormon Upperco, md (in-law
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN DNSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Christie My	reachtis DINSEL AND DEATH
4221 DUE TO 01-1	0 . 1
Conditions, If any, which (b) Wherebrute	Cardo. Visuela Denioce
gave rise to immediate ( cause (a), stating the DUE TD	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOT IFY MEDICAL EXAMINER)	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED? YES ND
2Da. ACCIDENT WAS UNDERLYING DR CONTRIBUTING DCCUI	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
	CE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE 19 While Not While at work at work 19 at work 19	y, street, office bldg., etc.)
21 - sertify that (I) (this hospital) attended the deceased from	Ext 3 , 1965, to much 26, 1966, that (1) (we) last
	death occurred at AM, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF
M.D.	. PHYS. DIRECTOR PHYS. DIA 6/66
MAME (Type) SEALE BUSh MO	22d. ADDRESS / AM STEAD Mary land
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY   23d. LOCATION (City, town or county) (State)
	emetery Baltimore Co. Md.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
Tipton-Eline Fun. Home, Hampstea	ad, ManMAR 31 1966 Charles Judge

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. The please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deptin. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

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death.

VR AI5 (4) 20M 1/65



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

O3638

CERTIFICATE OF DEATH

1. PLACE OF DEA	IR				E (Where deceased lived, I		esidence before admission)
	Carrell		MARYLAND	a. STATE	rvland b. (	COUNTY	+
b. CITY OR TO	WN (if outside corporate lim L and give nearest town)	its,   c. LE	NGTH OF STAY IN 15		outside corporate limits	s, write RURAL	Tromery and give nearest town)
Sykesvill		30	years	Silver Spr	ing Route	#n	15-2
	DSPITAL OR INSTITUTION (if				ING HOUSE	11	e. IS RESIDENCE ON A FARM?
	eld State Hosp	ital		none			YES NO NO
3. NAME DF DECEASED	First	-	Middle	Last	OF	lonth	Day Year
(Type or print)	All the short the little	Es1	tella	Trower	DEATH March	19	
5. SEX	6. COLOR OR RACE 7. M			8. DATE OF BIRTH	9. AGE (In ye last birthd		Days Hours   Min.
Female	I WILL DO	DOWED	DIVORCED	10-20-03	162 yr		
during most of wor	ATION (Give kind of work done king life, even if retired)	INDUSTR	Υ	11. BIRTHPLACE (C	ounty & State, or foreign co		TIZEN OF WHAT UNTRY?
Housewo 13. FATHER'S NA	rk	DOM	1657 ic	Virginia		II	S.A.
13. FATHER'S NA	ME			14. MOTHER'S MAIL	DEN NAME		
Allen	Тиоттом			Posts Ad	O m o		
15. WAS DECEASED	EVER IN U.S. ARMED FORCES		SECURITYNO.   17.	Essie, Ad	AC	idress	
No.	(If yes give war or dates of service	None	C.	-1C1-7-1 CL	odo Hoonida.	D	
	DEATH [Enter only one cau		(a) (b) and (c) ]	ringfield St	are nospital	A. B. COFG	INTERVAL BETWEEN
	SEATH WAS CALLED DV			A			ONSET AND DEATH
IMMEDIATE CAUSE (a) Terminal pneumonia							
1120	/	A CARLES AND A	Discussion				- CALLED TO SEE THE SECOND
Cenditions, If	DUE TO				S		277
gave rise to	any, which (b)			dial fibrosi	3		277
gave rise to cause (a),	DUE TO  any, which be immediate stating the DUE TO	Infarct	ive myocar	dial fibrosi			???
gave rise to cause (a), underlying cau	DUE TO  any, which be immediate stating the DUE TO	Infarct	ive myocar	dial fibrosi	clerosis	N IN PART 1(a)	119. WAS AUTOPSY
gave rise to cause (a), underlying cau	any, which any, which limmediate stating the see last. (c) consistency with Details	Infarct	ive myocar	dial fibrosi ral arterios ated TO THE TERMINAL D	clerosis	N IN PART 1(a)	
gave rise to cause (a), underlying cau	any, which any, which limmediate stating the see last. (c) consistency with Details	Infarct Coronar ONTRIBUTINGTO	ive myocar y and gene DEATH BUT NOT REI On. Obesi	dial fibrosi ral arterios ated TO THE TERMINAL D	clerosis DISEASE CONDITION GIVE		19. WAS AUTOPSY PERFORMED? YES 24 NO
gave rise to cause (a), underlying cau PART II. OTHER 200. ACCIDEN CONTRIBUTE (IF EITHER, N	any, which (b)   Immediate stating the use last. (c)   Issignificant conditions of two stating of the conditions of two stating of the conditions of two stating of the conditions of the condit	Coronar DINTRIBUTING TO PRIOR TO PESCRIE	y and gene DEATH BUT NOT REI ON. Obesi	dial fibrosi ral arterios ATED TO THE TERMINAL D URRED. (Enter nature of	Clerosis DISEASE CONDITION GIVE	II of Item 18.	19. WAS AUTOPSY PERFORMED? YES 20 NO
gave rise to cause (a), underlying cau PART II. OTHER 200. ACCIDEN CONTRIBUTE (IF EITHER, N	any, which any, which be a stating the stating of the stating o	Coronar ONTRIBUTING TO PRIOR TO DESCRIB	y and gene on Obesi BE HOW INJURY OCCURRED CCURRED Table 1 200. Pt.	dial fibrosi ral arterios ated TO THE TERMINALE	CLETOSIS DISEASE CONDITION GIVE I Injury In Part I or Part	II of Item 18.	19. WAS AUTOPSY PERFORMED? YES 20 NO
gave rise to cause (a), underlying cau PART II. OTHER 2002. ACCIDEN (IF EITHER, N Hour a Hour a	any, which any, which be last ing the stating the stating the stating the last ingredient in the last ingredient i	Coronar ONTRIBUTING TO PRIOR TO PESCRIE  20d. INJURY ( While No at work a	y and gene o DEATH BUT NOT REI BE HOW INJURY OCC  OCCURRED t While t work	dial fibrosi ral arterios ated TO THE TERMINAL D URRED. (Enter nature of ACE OF INJURY (Home, fa tory, street, office bidg., e	Clerosis DISEASE CONDITION GIVE Injury In Part I or Part Irm, 20f. (City or tow	n) (Cou	19. WAS AUTOPSY PERFORMED? YES 22 NO  nty) (State)
gave rise to cause (a), underlying cau PART II. OTHER 200. ACCIDEN OF CONTRIBUTION (IF EITHER, N Hour a PART II. I cert	any, which (b) (b) Immediate stating the stating the use last. (c) USIGNIFICANT CONDITIONS CONTING TO TWAS UNDERLYING TIME (CAUSE OF DEATH OTHER MEDICAL EXAMINER)  INJURY Month, Day, Year .m. 19  Ify that (I) (this hospital)	Coronar ONTRIBUTING TO PRIOR TO PESCRIE  20d. INJURY ( While No at work attended the	y and gene o DEATH BUT NOT REI BE HOW INJURY OCCURRED CCURRED 200. Pt t While fact t work deceased from	dial fibrosi ral arterios ated TO THE TERMINAL I ty URRED. (Enter nature of ACE OF INJURY (Home, fa tory, street, office bidg., e	Clerosis DISEASE CONDITION GIVE Injury In Part I or Part irm, 20f. (City or tow tc.) 935, to 3-19-	n) (Coul	19. WAS AUTOPSY PERFORMED? YES NO (State)  (State)
gave rise to cause (a), underlying cau PART II. OTHER 20a. ACCOTEN OR CONTRIBU (IF EITHER, N. 20c. TIME OF Hour a F 21. I cert saw the d	any, which any, which be a stating the stating of t	Coronar ONTRIBUTING TO PRIOR TO PESCRIE  20d. INJURY ( While No at work attended the	y and gene o DEATH BUT NOT REI BE HOW INJURY OCCURRED CCURRED 200. Pt t While fact t work deceased from	dial fibrosi ral arterios ated TO THE TERMINAL D URRED. (Enter nature of ACE OF INJURY (Home, fa tory, street, office bidg., e	Clerosis DISEASE CONDITION GIVE Injury In Part I or Part irm, 20f. (City or tow tc.) 935, to 3-19-	n) (Course) 19 60	19. WAS AUTOPSY   PERFORMED?   YES 22 NO
gave rise to cause (a), underlying cau PART II. OTHER 200. ACCIDEN OF CONTRIBUTION (IF EITHER, N Hour a PART II. I cert	any, which any, which be a stating the stating of t	Coronar ONTRIBUTING TO PRIOR TO PESCRIE  20d. INJURY ( While No at work attended the	y and gene DEATH BUT NOT REI ON. Obesi BE HOW INJURY OCCURRED CCURRED   20e. Pt t While   facil t work   deceased from   19.66, and th	dial fibrosi  ral arterios  ATED TO THE TERMINAL E  TY  EURRED. (Enter nature of  ACE OF INJURY (Home, fr  fory, street, office bidg., e  7-11- , 1  at death occurred a 2	Clerosis DISEASE CONDITION GIVE Injury In Part I or Part irm, 20f. (City or tow tc.) 935, to 3-19- 15A M, from the cau	n) (Course) 19 60 ses and on the 22b. D/	19. WAS AUTOPSY PERFORMED? YES 20 NO
gave rise to cause (a), underlying cause (a), underlying cause (a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	DUE TO  any, which Immediate Stating the Jise last.  ISIGNIFICANT CONDITIONS CI  LEDSY WITH Dete T WAS UNDERLYING TING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)  INJURY Month, Day, Year .m. 19  Ify that (I) (this hospital) acceased alive on 3-  URE	Coronar ONTRIBUTING TO PRIOR TO PESCRIE  20d. INJURY ( While No at work attended the	y and gene DEATH BUT NOT REI ON. Obesi BE HOW INJURY OCCURRED CCURRED   20e. Pt t While   facil t work   deceased from   19.66, and th	dial fibrosi  ral arterios  ATTENDING  ATTENDING	Clerosis DISEASE CONDITION GIVE Injury In Part I or Part irm, 20f. (City or tow tc.) 935, to 3-19-	n) (Course) 19 60 ses and on the 22b. DA	19. WAS AUTOPSY   PERFORMED?   YES 22 NO
gave rise to cause (a), underlying cau PART II. OTHER 20a. ACCIDEN OR CONTRIBUTION (If EITHER, N Hour a saw the d 22a. SIGNAT 22Cc. PHYSIC	any, which any, which be a stating the stating that the stating of the stating	Coronar ONTRIBUTING TO PRIOR TO A TO	y and gene DEATH BUT NOT REI ON. Obesi BE HOW INJURY OCCURRED CCURRED   20e. Pt t While   facil t work   deceased from   19.66, and th	dial fibrosi  ral arterios  ATED TO THE TERMINAL OF THE TERMIN	Clerosis DISEASE CONDITION GIVE Finjury In Part I or Part Orm, 20f. (City or tow tc.)  9.35, to 3-19- 15A M, from the cau  MED. STAFF PHYS.	n) (Coulomb 18.) n) (Coulomb 19.) ses and on the 22b. D/ 3-1.	19. WAS AUTOPSY PERFORMED? YES NO
gave rise to cause (a), underlying cause (a), underlying cause (a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	any, which any, which be a stating the stating that the stating of the stating	Coronar ONTRIBUTING TO PRIOR TO A TO	y and gene DEATH BUT NOT REI On. Obesi BE HOW INJURY OCC DCCURRED 200. Pt t While fact t work deceased from 19 66, and th	dial fibrosi  ral arterios  ATED TO THE TERMINAL OF  LY  ACE OF INJURY (Home, factory, street, office bidg., e  7-11- , 1  at death occurred a 2  ATTENDING ATTENDING Septing fie	Clerosis DISEASE CONDITION GIVE Finjury in Part I or Part orm, 20f. (City or tow tc.)  9.35, to 3-19- 4.54 M, from the cau MED. STAFF DIRECTOR PHYS.  1d State Hos	n) (Course)	19. WAS AUTOPSY   PERFORMED?   YES
gave rise to cause (a), underlying cau pART II. OTHER PART III. OTHER CONTRIBUTION (IF EITHER, N 20c. TIME OF Hour a 21. I cert saw the d 22a. SIGNAT 22c. PHYSIC NAME (23a. BURIAL, CRE REMOVAL (S	any, which (b)   Immediate stating the sta	Coronary ONTRIBUTING TO PRIOR TO THE PRIOR T	y and gene DEATH BUT NOT REI On. Obesi BE HOW INJURY OCC DECURRED 200. Pt t While fact t work deceased from 19.66, and th	dial fibrosi  ral arterios  ATED TO THE TERMINAL OF  LY  ACE OF INJURY (Home, factory, street, office bidg., e  7-11- , 1  at death occurred a 2  ATTENDING ATTENDING Septing fie	Clerosis DISEASE CONDITION GIVE Finjury In Part I or Part Orm, 20f. (City or tow tc.)  9.35, to 3-19- 15A M, from the cau  MED. STAFF PHYS.	n) (Course)	19. WAS AUTOPSY   PERFORMED?   YES
gave rise to cause (a), underlying cau part of the par	DUE TO any, which Immediate stating the stating the stating the DUE TO DUE TO OUR TO O	Coronary ONTRIBUTING TO PRIOR TO THE PRIOR T	y and gene DEATH BUT NOT REI ON. Obesi BE HOW INJURY OCC DECURRED 200. Pt t While fact t work  deceased from 19.66, and th	dial fibrosi  ral arterios  ATED TO THE TERMINAL E  ty  EURRED. (Enter nature of ACE OF INJURY (Home, fr tory, street, office bidg., e  7-11- , 1 at death occurred at 2.4  ATTENDING       PHYS.	Clerosis DISEASE CONDITION GIVE Finjury in Part I or Part from 20f. (City or tow tc.) 20f. (City or tow DISEASE CONDITION GIVE STAFF DIRECTOR PHYS.  1 State Hos	n) (Course)  11 of Item 18.  18 of Item 18.  19 of Item 18.  20 of Item 18.  22 of Item 18.  23 of Item 18.  24 of Item 18.	19. WAS AUTOPSY PERFORMED? YES 20 NO   19. Was autopsy performed?   19. Was autopsy performed?   19. Was autopsy performed.   19.
gave rise to cause (a), underlying cau pART II. OTHER PART III. OTHER CONTRIBUTION (IF EITHER, N 20c. TIME OF Hour a 21. I cert saw the d 22a. SIGNAT 22c. PHYSIC NAME (23a. BURIAL, CRE REMOVAL (S	DUE TO any, which Immediate stating the stating the stating the DUE TO DUE TO OUR TO O	Coronary ONTRIBUTING TO PRIOR TO THE PRIOR T	y and gene DEATH BUT NOT REI On. Obesi BE HOW INJURY OCC DECURRED 200. Pt t While fact t work deceased from 19.66, and th	dial fibrosi  ral arterios  ATED TO THE TERMINAL OF  LY  ACE OF INJURY (Home, fe lory, street, office bidg., e  7-11- , 1 at death occurred a 2.  ATTENDING	Clerosis DISEASE CONDITION GIVE Finjury in Part I or Part from 20f. (City or tow tc.) 20f. (City or tow DISEASE CONDITION GIVE STAFF DIRECTOR PHYS.  1 State Hos	n) (Course)  11 of Item 18.  n) (Course)  12 of Item 18.  19 of Item 18.  19 of Item 18.  19 of Item 18.  19 of Item 18.  10 o	19. WAS AUTOPSY PERFORMED? YES 20 NO   19. Was autopsy performed?   19. Was autopsy performed?   19. Was autopsy performed.   19.

VR A15 (4) 20M 1/65

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	40.10		Samuel Strips (1965)
Language Market	Establishment block		
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	almoralpediyador la	areas has visited.	
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	-VI-E X - II-		
	more water block gates		
110 25	Walds.	MS Paul	Server Marchay

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	ACE DE DEATH			2. USUAL RESIDE	NCE (Where deceased lived, If insti	itution: Residence before admission)	
a. (	a. COUNTY Carroll MADVIAND				a. STATE b. COUNTY		
-			MARYLAND			altimore City	
D.	Write RIIRAL and gi	utside corporate limits, ve nearest town)	c. LENGTH OF STAY IN	Lb c. CITY OR TOWN (	If outside corporate limits, writ	te RURAL and give nearest town)	
	Sykesvill		2, Mo4+45	Baltim	nore	30-4	
d.	NAME OF HOSPITAL	OR INSTITUTION (if not	in hospital, give street addre	d. STREET ADDRESS		I e. IS RESIDENCE	
1						ON A FARM?	
	Springfie	eld State Hos	spital	426 We	est Mosher Stree	YES NO YES	
	ME DF CEASED	First	Middle	Last	4. DATE Month	Day Year	
	pe or print)	GERTRUI	DE (NMN)	WALLACE	OF DEATH 3	12 19 66	
5. SE)		LOR OR RACE   7. MARR	OB (NEW)	I 8. DATE OF BIRTH		F UNDER 1 YEAR   IF UNDER 24 HRS.	
35.5					100 7 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Months   Days   Hours   Min.	
F	emale Ne		/ED DIVORCED	4-17-93	72 yrs.		
10a.US during	UAL OCCUPATION (Ci most of working life	ve kind of work done   10 , even If retired)	b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (	County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
No		Allina		Maryland		U.S.A.	
13. F	ATHER'S NAME			14. MOTHER'S MAI			
177.3	- 7	A STATE OF THE STA					
	ward Jones	U.S. ARMED FORCES?	16. SOCIAL SECURITYNO.   1	Unkn	nown		
(Yes, no	o, or unkown)   (If yes:	give war or dates of service)	16. SUCIAL SECURITY NO. 1	7. INFORMANT	Address		
N	0		None	Records. Sp	ringfield State	Hospital	
J 18.	CAUSE DF DEATH	[Enter only one cause p	er line for (a), (b), and (c).]			I INTERVAL BETWEEN	
	PART I. DEATH W.	AS CAUSED BY: 1.1.	rteriosele	20 tie	OV - diso	ONSET AND DEATH	
	II a d , IMMI	EDIATE CAUSE (a)	1167104616	, , , ,	C 7 0C 10 C	ase years	
	4-1	DUE TO					
	nditions, If any, w						
	ve rise to Immed	liate (					
	use (a), stating derlying cause last.	the					
		(c)	I RUTING TO DEATURE THOSE	CLATED TO THE TERMINAL	DICCACCOMPLETONOMENT	ART 1(a) 119. WAS AUTOPSY	
Ĕ	a. ii. o inea sioniri	OVIAT COMPLETIONS COMP	VIDOLING LODENIH ROL MOLK	ELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN P	PERFORMED?	
2						YES NO	
20	a. ACCIDENT WAS U	NDERLYING   20b	. DESCRIBE HOW INJURY OF	CCURRED. (Enter nature	of Injury In Part I or Part II of	Item 18.)	
	CONTRIBUTING   CONTRI	EDICAL EXAMINER)					
WEDICAL 200	. TIME OF INJURY	Month, Day, Year   20	d. INJURY OCCURRED   20e. I	PLACE OF INJURY (Home,		(County) (State)	
EDI	Hour a.m.		ille — Not While —	ctory, street, office bldg.,	etc.)		
≥	p.m.	19 at v	work at work	1 00 //	7/17	6	
	21. I certify that	(I) (this hospital) atte	inded the deceased from_	1-20-66	19 to 3/12	, 19 (that (I) (we) last	
	saw the deceased	alive on	19 66, and t	hat death occurred at		nd on the date stated above.	
22:	a. SICNATURE	1 1	011		1	22b. DATE SIGNED	
	Mile	le tuelle	telke	M.D. ATTENDING	MED. STAFF PHYS.	3/12/66	
22	c. PHYSICIAN'S		1 1		Springfield State		
	NAME (Type)	DEST S	4 ChOIEIK				
23a. B	IIDIAI ODEMATION	1 02h DATE THEORES	LO20 NAME OF OFFICE	The second secon	Sykesville, Mar		
ZJa. B	EMOVAL (Specify)	23b. DATE THEREOF	23c. NAME OF CEMET	ERT OR CREMATORY	23d. LOCATION (City, tow	vn or county) (State)	
10	uncht.	mar 160,194	a millulu	un Cemelen	r restport B	allemone) ma	
24. FI	UNERAL DIRECTOR	0	ADDRESS	25a. RJ	EC'D BY RECISTRAR   25b. REC	GISTRAR'S SIGNATURE	
	20011	Nuch )	722 4) MErl	h Ha DATE	1 1 1000 M	Charles Indge	
	- 1 ( 0 - 1						

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and after death 1. PLACE DF DEATH
a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY the 1 a. STATE Pages 1 after c MARYLAND TOWN (If outside eorporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b remove carbon papers. Pag in any event, within 72 hours hours filled in e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? NO Z YES executed within completely Day Month First Middle DECEASED SALLIE (Type or print) DEATH 19 66 AGE (In years | IF UNDER 1 YEAR | **FUNDER 24 HRS** DATE OF BIRTH 6. COLOR OR RACE 8. 7. MARRIED NEVER MARRIED last birthday) Months WIDOWED Z DIVORCED HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician a 1Da. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR INDUSTRY prease COUNTRY2 pe during most of working life, even if retired) and death certificate removal. FATHER'S NAME attending pr 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT this certificate has been signed by the attendetached for use as the burial-transit permit. e Dept. of Health prior to burial, cremation, or it (Yes, no, or unkown) (If yes give war or dates of service) ONSET AND DEATH CAUSE DF DEATH [Enter only one cause per line for (a) (b), and (c). PART I. DEATH WAS CAUSED BY: TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a DUE TO PHYSICIAN: The law requires Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT NECESTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. CERTIFICATION NO T YES T DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a, ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) be de State Hour a.m. Not While After While 19 at work at work ould the S 21. I certify that (I) (this hespital) attended the deceased from director, page 3 should should be filed with the M. from the causes and on the date stated above. saw the deceased alive on and that death occurred at-SIGNATURE DATE SIGNED 22a. MED STAFF M.D. PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRES director, p should be f NAME (Typ) NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION, DATE THEREOF 23c. 23b. REMOVAL"(Specify) 01 TBY REGISTRAR ADDRESS FUNERAL DIRECTOR 25b REGISTRAR'S 24. VR A15 (4) 15M 4-64

the party is territor in any substitution of actioning the first and the state of the property THE STATE OF THE S - SHORE (SHILLE) デー かがりアス - マルドスペンデスタ スイル FURALE VIEW TELL STATE OF THE PARTY OF THE P 20-17-1915 THE CRIPHERL DESTRUCT SANT ANTIN GIVES 

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	0354	1		CERTIFIC	CAT	E OF DEATH	SECTION.		03631
	1. PLACE OF DEAT a. COUNTY	Carroll		MARYL	AND	a. STATE	CE (Where deceased lived, If institution b. COUNT Cyland		
ľ	b. CITY OR TOW	VN (If outside corpor and give nearest to	ate limits,	c. LENGTH OF STAY		c. CITY OR TOWN (If	outside corporate limits, write		
1	Westmins		wii)	1 day		Westminste	er RD 1	0	06-1
	d. NAME OF HO	SPITAL OR INSTITUT		ospital, give street ad	dress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	3. NAME OF	ounty Gene		_		1			YES NO X
	DECEASED (Type or print)	EMMA	irst	Middle FLORENCE	W	Last AREHIME	4. DATE Month OF DEATH March 8		Day Year 19 66
1	5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH	19. AGE (In years [1]	FUNDER 1	YEAR IF UNDER 24 HRS.
	female	white	WIDOWED				last birthday) 74 yrs.		
		ding life, even If retire with the state of	ed) II	IND OF BUSINESS OR NDUSTRY		Adams Co.	ounty & State, or foreign country)	COU	IZEN OF WHAT
1	13. FATHER'S NAM					14. MOTHER'S MAID		1 0 . 2	7 6 22 6
d	Geo	rge W. Ert				Mandil]	a ?		
1	15. WAS DECEASED	EVER IN U.S. ARMED F	ORCES?   16.	SOCIAL SECURITYNO.	17.	INFORMANT	Address	Paul	
	(Yes, no, or unkown)	(If yes give war or dates	of service) 21	5-26-8225	A	midee L. Wa	arehime Westm		er RD 1
ľ				ine for (a), (b), and (c)	.1				INTERVAL BETWEEN ONSET AND DEATH
	PART I. DI	EATH WAS CAUSED B IMMEDIATE CAUS	Y: (a)						ONSET AND DEATH
	420	DUI	TO		-37		1, 5, 1, 5, 4, 19	4.77	
	Conditions, If		(b)						
	gave rise to cause (a), s	tating the DU	TO /	itemoscle	202	The /kent D	course		
	underlying caus		(c)				DISEASE CONDITION GIVEN IN PA	ADT 1(a)	119. WAS AUTOPSY
	LAKT II. OTHER.	Diaher	is oc	dosia	JI KELA	TED TO THE TERMINAL D	DI SENSE CONDILION GIVEN IN EV	(RTI(a)	PERFORMED?
	PART II. OTHERS 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING TING CAUSE OF DE TIFY MEDICAL EXAM	20b. (ATH INER)	DESCRIBE HOW INJUR	Y OCCU	RRED. (Enter nature of	Injury in Part I or Part II of	Item 18.)	
	정 20c. TIME OF	INJURY Month, Day	Year   20d. II	NJURY OCCURRED   20		CE OF INJURY (Home, fa		(Count	ty) (State)
	20c. TIME OF Hour a.i		While at work	Not While at work	tacto	ry, street, office bldg., e	tc.)		
			pital) attend	ed the deceased fro			M, from the causes a		_, that (I) (we) last
1	Saw the de	ceased alive on	, , ,	19 et, an	id that	death occurred at_Z		nd on the	
	- Contract	John.	S. Har	shey	M.D	ATTENDING PHYS.	MED. STAFF PHYS.	3	12/66
	22c. PHYSICIA NAME (T		V 5.	HARSHEY	Mi	22d. ADDRESS	4 1	inste	- und
	23a. BURIAL CREM REMOVAL (SP burial	MATION, 23b. DATE ecify) 3/10/		John Mill			Bachman's V	n or count	D 1 (State)
	24. FUNERAL DIRE			ADDRESS	01		I'D RY PEGISTRAR   25h a DES	CLSTRARIS.	SIGNATURE
1	X.5.10	yero, p.	Wheth	unstre	2/2	DATE	10 1966 Ju	iarles	Judge

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 r death death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY by the f Pages 1 urs after after ARRO MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) vers. Pag 72 hours hours Kesville .= d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE filled d. STREET ADDRESS within 72 ON A FARM? Dring YES NO X completely ve carbon p executed within NAME DE First Middle DATE Month Day Year DECEASED event. (Type or print) DEATH 19 66 6. COLOR OR RACE 5. SEX AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS. and cor DATE OF BIRTH 9. 7. MARRIED NEVER MARRIED last birthday) | Months | Days any DIVORCED WIDOWED X physician en please r 10a, USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT and pe during most of working life, even if retired) **INDUSTRY** 5 0050W certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova attending I 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. 0 (Yes, no, or unkown) (If yes give war or dates of service) death WAShington cremation. the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN been signed by the the burial-transit or to burial, cremati PHYSICIAN: The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating the as th underlying cause last, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (16) WAS AUTOPSY PERFORMED? certificate has the standard for use at the standard for use at the standard for the standa 19. CATI YES [ NO T CERTIFI 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) Dept. After this of the detach MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While ATTENDING p.m. at work at work retained 19 64 to 21. I certify that (I) (this hospital) attended the deceased from director, page 3 should should be filed with the 19.66, and that death occurred at saw the deceased alive on Max M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED be ATTENDING 10-66 PHYS. DIRECTOR Page 4 may O HOSPITAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. (State) REMOVAL (Specify) FUNERAL DIRECTOR ADDRESS RECOD BY REGISTRAR 25b. REGISTRÁR'S SIGNATURE 25a. 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

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	DIVISIO	N OF STATISTIC		YLAND STATE DE ARCH AND RECORDS		HEALTH N STREET, BALTIMORE	I, MARYLAND
	03647			CERTIFICAT	E OF DEATH		03633
	PLACE OF DEATH a. COUNTY Carrol			MARYLAND	2. USUAL RESIDENCE A STATE Marylan	CE (Where deceased lived, If institution b. County Carr	
	b. CITY OR TOW Write RURAL	N (if outside corpora and give nearest tow	te limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, write RU	
-	Mestmi d. NAME OF HOS	nster SPITAL OR INSTITUTION	N (If not in h	6 wks.	Linebore d. STREET ADDRESS	0	e. IS RESIDENCE
	Carrol						YES NO X
	NAME OF DECEASED (Type or print)	Fi	rst	Middle	Last	4. DATE Month	Day Year
	SEX SEX	6. COLOR OR RACE	7. MARRIED		Arner 8. DATE OF BIRTH	9. AGE (In years IFUN last birthday) Mont	12 1966 DER 1 YEAR   F UNDER 24 HRS. hs   Days   Hours   Min.
0a	M . USUAL OCCUPAT	ION (Give kind of work	WIDOWED	DIVORCED T		902   63 yrs.	2. CITIZEN OF WHAT
ur	Propri	ing life, even if retire .etor	d)   I	voustry arage	Maryland		COUNTRY? USA
	FATHER'S NAM				14. MOTHER'S MAID		
15. Ye	s, no, or unkown)	E. Warne EVER IN U.S. ARMED FO (If yes give war or dates o	RCES? 16. f service) 2/	16 02 1000.	Mandilla INFORMANT	Strevig  Address  W. Warner. Li	neboro Md
		DEATH [Enter only on ATH WAS CAUSED BY IMMEDIATE CAUSE	. 0	Ine for (a), (b), and (c).]	S. Samuel	w. warner, br	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if gave rise to cause (a), st underlying caus	any, which lating the DUE	TO (b)	Aterioschero	ti plent	Disease	
101100			ONS CONTRIBU	TING TO DEATH BUT NOT RELA	,	ISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
CENTER	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING AND CAUSE OF DEA	TH NER)	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of	Injury in Part I or Part II of Item	1 18.)
TENIOUS IN	20c. TIME OF I Hour a.n p.r		Year   20d. I While at worl	Not While facto	CE OF INJURY (Home, fa ry, street, office bldg., et	rm, 20f. (City or town)	(County) (State)
			nital) attend	ed the deceased from 5		to mail 12, 1	9 66, that (I) (we) last
	22a. SIGNATUR	lu S-	Hars	hy M.C	ATTENDING PHYS.		DATE SIGNED
	22c. PHYSICIA NAME (Ty		15. 4	ARSHEY	8 augli	in St. Westin	inste, had
3a	BURIAL, CREM	ATION, 23b. DATE	THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, town or	r county) (State)
24.	Burial	3-16-	66	Lineboro Ce	metery	Carroll Co	RAR'S SIGNATURE

AI5 (4) M 1/65

Tipton-Eline

Hampstead, Md.

Lineboro Cemetery ADDRESS 25a.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03644 CERTIFICATE OF DEATH

1	1.	PLACE DF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	cidence before admission)
н	-	e. COUNTY /	a. STATE M / b. COUNTY	and the period administration
		CARROII MARYLAND	111.	ARRO 11
1		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL a	and give nearest town)
1	0.		Paral Charitt	
1	AU	IIMI SUNESVIIVE.	RUTAL - Sykesville	06-1
1		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	0	old Liberty Road	Old Liberty Rd	YES NO E
ľ	3.	NAME OF FIRST MIDDLE A	Last 4. DATE Month	Day Year
		(Type or print) Antoinette E. W.	Atkins Death March 30	0, 19 66
1	5.	SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8	B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1	
1	1	emale White WIDOWED DIVORCED I	3-6-1870   last birthday)   Months   1	Days Hours Min.
1	10a	. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country)   12. CIT	IZEN OF WHAT
1	dur	ing most of working life, even if retired) INDUSTRY		INTRY?
1	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	37
1	10.	n / 1	1 \ 1	
1		KAYMOND LAWrence	UNKNOWN	
ľ	15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFDRMANT Address	
1	(16	No Con e Ro	best Watkins - Sukes	villa. M.
1	-		DERI WILLIAM SYNES	INTERVAL BETWEEN
1		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
1		IMMEDIATE CAUSE (a) Cardiac Failure		days
1		4221 DUE TO		
		Conditions, If any, which \ (b) A. S. C. V. D.		Years
		gave rise to immediate		
1		cause (a), stating the DUE TO		
1	-	underlying cause last. (c)		
1	힐	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
1	3			YES NO
5	듸	20a. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Pert I or Part II of Item 18.)	
1	CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20,	
_				
1	S		CE OF INJURY (Home, farm, 20f. (City or town) (Country, street, office bidg., etc.)	ty) (State)
1	MEDICAL	Hour a.m. While Not While at work	J, street, office blug., etc.)	
1	2		March 1965 to March 301966	AL at (IV from Lank
		21. I dorang that the temporary attended the accounted from	1 20	
1			death occurred at 10: M from the causes and on the	
1		22a. SIGNATURE		TE SIGNED
1		noo o Hound had M.D.	ATTENDING MED. STAFF PHYS.	
1		22c. PHYSICIAN'S	22d. ADDRESS	
4		NAME (Type) Naci Buvukunsal	Obrecht Road, Sykesvi	lle. Md.
	23a			
	234	REMOVAL (Specify)	La Constitution of control (city, town or cont	M (State)
	10	UTIAL 17-2-66 LOUGON PAR	K CEMERRY   BAITIMORE,	1114.
)1	24.	. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
		HADRY W. HAINGT. Sukerielle. YIM	DATE PR 4 1968 Scharle	y Judge
-	_/	The state of the s	, I DATE	0-0
		4 (/		

FOR STATE HEALTH DEPT.

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay a cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Giver Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along With form PM3. Page 5 may be retained for your files. permit. File pages 1 and 2 with the State Department removal, and in any event within 72 hours after death.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit of Health or its designated agent, prior to burial, cremation, or

TO DEPUTY MEDIC

VR AISME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13645
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13635

-	00020						
	a. COUNTY Carroll MARYLANO	2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. STATE Maryland b. COUNTY Carroll					
-	b. CITY OR TOWN (If outside corporate limits, ) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
	b. CITY OR TOWN (If outside corporate limits, writa RURAL and give nearast town) Rural Westminster	Rural Finksburg					
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET AOORESS  e. IS RESIDENCE ON A FARM?					
	P.O. Route # 6	P.O. Route # 2 YES NO [2]					
1	3. NAME DF First Middle DECEASED	Last 4. DATE Month Oay Year					
П	(Typa or print) Larry Eugene	Weishaar DEATH March 13 1966					
1	6. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8	8. DATE OF BIRTH 9. AGE (In years   IF UNOER 1 YEAR   IF UNOER 24 HRS.					
۱		last birthday Months Days Hours Min.					
10a, USUAL OCCUPATION (Give kind of work done   10b, KINO OF BUSINESS OR   11. BIRTHPLACE (Stata or foreign country)   12.							
1		Gettysburg. Penna. COUNTRY? U.S.A.					
-	Armed Forces U.S. Navy	Gettysburg, Penna.   U.S.A.					
	James Marvin Weishaar	Mary Louise Waddell					
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address					
1	Yes Present Time 218-38-3502 J.	Marvin Weishaar R#2, Finksburg, Md.					
=	18. CAUSE OF DEATH [Enter only ona cause per line for (a), (b), and (c)-1	INTERVAL BETWEEN					
H	PART I. DEATH WAS CAUSED BY:						
	IMMEDIATE CAUSE (a) The the the things of th						
1	and the set which I be to Self Suffilled The cut						
1	Conditions, if any, which gave rise to immediate (b)						
	cause (a), stating the DUE TO						
1	underlying cause last. (c)						
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  20a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INVURY OCCURRED (Enter nature of plus) in Part of Part 10 (tam 18.)						
		PERFORMED?					
	20a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part I of Italian 18.) CAUSE OF DEATH.						
	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCUPRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town)						
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State)  Hour a.m.  1/1 30 p.m. 3 -13 1966 at work Note with at work Note with the state of the state						
П	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection, Inquiry, and in my opinion						
	death resulted from: Natural causes , Accident , Suicide X, Homicide , Undetermined manner						
1	CHIEF MEDICAL EXAMINER						
	ACTUAL SIGNATURE CLUB DEIGHOLM.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED						
1	DEPUTY, MEDICAL EXAMINER XI 2 - 4 7-14-66						
	EXAMINER'S W. Glenn Speicher,	Address Street, Cht, 40 wh, accounts mustly Carroll					
1	23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county)					
	Burial 3/16/66 Calvary Methodist Cemetery Gamber, Carroll Co.,						
1	24. FUNERAL DIRECTOR MAN SOLA ADORESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					
1	C.O. Fuss & Son Taneytown, Md.	. DAMAR 16 1956 Juliantes Judge					

. . . and benefit the THE RESERVE TO A STATE OF THE PARTY OF THE P treal section of the Least ested was but marked abyed sone. The contract of the contract of a second of - market her the state of the s Will 3-13 to the March English of the English Paris C. C. Tarres Common Comm

24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please entropy carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician. VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
03646
CERTIFICATE OF DEATH

1.	PLACE OF DEATH 6. COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (Where	b. COUNTY	sidence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town)	c. CITY OR TOWN of outside	corporate limits, write RURAL	
6	Westmuster R.D. #1 20 years	Westmin	stee RN. #1	06-1
	d. NAME OF HOSPITAL OR INSTITUTION (If not In hospital, give studet address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES ND
3.		Last   4. DA	TE Month	Day Year
	DECEASED (Type or, print) SUSAN CATHERINE WA		ATH MARCH =	3/ 1966
5.	SEX FEMALO, COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH	1- 4 61-46 1- 3	YEAR IF UNDER 24 HRS. Days Hours   Min.
1	WILL WIDOWED DIVORCED	11ly 12, 1886	79 yrs.	
dur	e. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY	11. MRTHPLACE (County & St		TIZEN OF WHAT UNTRY?
Z	mae-wife -	mortingless	w W.Va.U.	5,9-
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1 21	
	Jaylor Catrow	Calherme	Muckey	
15 (Ye	5. WAS DEGEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.   18.   19.   1	NFORMANT	Address	ml.
	12.	allen We	eller Weston	water ROA
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MELLING	ine	- 1 100	i walk
	4200 DUE TO			
	Conditions, if any, which (b)			
Н	gave rise to immediate cause (a), stating the DUE TO		-10	alus
	underlying cause last. (c) Cirterio-acl	erotic pe	arichesease	3 years
TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DISEASE C	ONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
FICA	none			YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of Injury In	Part I or Part II of Item 18.	
CAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACI		f. (City or town) (Cou	nty) (State)
MEDICAL	Hour e.m. While Not While at work at work	, street, office bldg., etc.)		
2	21. I certify that (I) (this hospital) attended the deceased from Ch	1056	tomar. 31~, 19/1	that (I) (we) last
			from the causes and on th	
	22a. SIGNATURE			TE SIGNED
	et Billingslea M.D.	PHYS. MED.	R PHYS. D 4-	1-61
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	. 4 -	
	E. H. Billingslea, DIC	Westn	under.	md.
23a	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY (	OR CREMATORY 23d.	LOCATION (City, town or cou	nty) (State)
1	Junil 4/4/66 /malis	Comeles 1	Potminster	RI mi
24	ADDRESS ADDRESS	25a. REOD BY RI	40/ /	SIGNATURE
1	x 2 - / nyce (X, Westminsler	Med DATE IN 6	1966 Jane	Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Their please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cramation, or removel, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	03643	7	CF	ERTIFICA	TE OF DE	ATH			U	000	6
1.	PLACE OF DEAT a. COUNTY					2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE  Maryland b. COUNTY					
	b. CITY OR TOW	N (if outside corporate lin and give nearest town)	its,   c. LENG	TH OF STAY IN 16	c. CITY OR TO	WN (If outside	de corporat	e limits, write	RURAL and	give near	rest town)
I	Rural) S	ykesville	01	OH 19D	Balt	imore	City	21217	3/	-4	
	d. NAME OF HO	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)				d. STREET AODRESS   e. IS RES					ESIDENCE A FARM?
	Springf:	Springfield State Hospital				1906 Riggs Avenue				YES _	
3.	NAME OF DECEASED	First		Middle	Last	4.	DATE	Month			Year
	(Type or print)	James			Williams		DEATH	3	21		9 66
5.	SEX	6. COLOR OR RACE 7. N	IARRIED X NEVI	ER MARRIED	8. OATE OF BIR		9. AGI	(In years III	UNDER 1 YE		
	male	0	IOOWEO 🗌	DIVORCEO	3-9-189	7	69-	yrs.	on dis Day	s noui	3 1411111
10:	2. USUAL OCCUPAT	TION (Give kind of work done ing life, even if retired)	10b. KIND OF BU	JSINESS OR	11. BIRT HPL	ACE (County &	k State, or fo	reign country)	12. CITIZI	N OF WH	AT
	Laborer					h Caro			USA		
13	. FATHER'S NAM	1E			14. MOTHER'	14. MOTHER'S MAIDEN NAME					
	Washing	ton Williams				h Will	iams				
15 (Y	. WAS DECEASED	EVER IN U.S. ARMED FORCES (If yes give war or dates of servi	?   16. SOCIALSI	ECURITY NO.   17	. INFORMANT			Address			
	10		unkno	wn	Hospital	Recor	ds				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  ### DUE TO  Conditions, If any, which gave rise to Immediate cause (a), stating the DUE TO  DUE TO  Conditions (b)  Old myocardial infarction  DUE TO  DUE TO  Construction							years			
2	underlying cause last. (c) Coronary arteriosclerosis								years		
3 0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP								ORMED?		
FIC	Chronic brain syndrome, cerebral arteriosclerosis with behavioral YES NO							NO 🗌			
CERI	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
MEDICAL	20c. TIME OF INJURY Month, Oay, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20f. (City or town) (County) (State)   20f. (City or town)   20										
	21. I certify that (**) (this hospital) attended the deceased from 3-5, 19-66, to 3-24, 19-66, that **TPM(we) last saw the deceased alive on 3-24 19-66, and that death occurred at 3.30M, from the causes and on the date stated above.  22a. SIGNATURE  M.D. ATTENDING MED. DIRECTOR STAFF PHYS. 3-24-66										
	NAME (T)	c. PHYSICIAN'S NAME (Type) Alberto Arengo, M.D.   22d. AODRESS Springfield State Hospital						ital			
	1304-561	AATION, 23b. DATE THER CLIPY)	4 17	- Aubu	RY OR CREMATORY	_ /	Balt		t.		(State)
24	. Juneral Ofte	CTOR .	12 6 -AI	DDRESS	. /	a. REC'D BY		R 25b. REG		GNATURE	

VR AI5 (4) 20M 1/65

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please region carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and to any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
03648
CERTIFICATE OF DEATH

1. PLACE DF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)							
a. COUNTY	a. STATE b. COUNTY /	/ //						
b. CITY DR TDWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	maryland Ira	Jord						
write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)						
MANChester SMON	talleton, ul	1000						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE						
Long View newsons Home	B. 311 0 7 1	ON A FARM?						
	13.0 × 216 (Could )	YES NO						
3. NAME OF First Middle	Last 4. BATE Month	Day Year						
(Type or print) NC/SON	VCITON DEATH MArch	11 1966						
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 16. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.								
last birthday) Months   Days   Hours   Min.								
flinate White WIDOWED DIVORCED	10 10 / 1 / 3 yrs.							
10à. USUAL DCCUPATION (Give kind of work done   1Db. KIND DF BUSINESS OR during most of working life, even if retired)   INDUSTRY	000	ITIZEN OF WHAT						
Haurente	West Va (Louisher)	WSA						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
Maria O Handle	manth Orlington							
15. WAS DECEASED EVER IN U. 8 ARMED FORCES?   16. SOCIAL SECURITYNO.   17.	AND DAMANY							
15. WAS DECEASED EVERINUS JARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Harald heltas	-1						
- 417-48-1044 R	+1-Bay 211 At tall	ston, w						
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	7 7 7	INTERVAL BETWEEN						
PART I. DEATH WAS CAUSED BY:	The manufacture	ONSET AND DEATH						
IMMEDIATE CAUSE (a) Conclude	1 1000000000000000000000000000000000000	In _						
DUE TO CO A	n +- 1.	1						
Cenditions, If any, which (b) Cerebral	Williaselevas	Iw						
gave rise to immediate	- 1 1							
underlying source lest	d artemordersis	Sur						
	TED TO THE TEDMINAL DISEASE COMPITION CIVEN IN DADT 1/o	119. WAS AUTDPSY						
TAKT II. OTHER STORY TOWN TOWN TOWN SOME THE BOTTON REPAIR	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	PERFORMED?						
		YES ND						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REPART  2Da. ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCUP  BY OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of Injury In Part I or Part II of Item 18.	)						
(IF EITHER, NOTIFY MEDICAL EXAMINER)								
ZOC. TIME DF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLAC	CE OF INJURY (Home, farm,   20f. (City or town) (Cou	nty) (State)						
	y, street, office bldg., etc.)	nty) (State)						
p.m. 19 at work at work								
21. I certify that (11)(this hospital) attended the deceased from 9	111 1965 to 3/1/ 1966	that M (we) last						
saw the deceased alive on 3/11 1966, and that death occurred at 11/3/4 M, from the causes and on the date stated above.								
22a. SIGNATURE		AFE SIGNED						
11) 11 to 1	ATTENDING MED. STAFF	1.11						
M.D.		11/66						
22c. PHYSICIAN'S NAME (Type) \//. 14 = 4 - // (1/1)	22d. ADDRESS	1 1						
Willowed M.D. MINCHESTE, ME								
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)								
Burial 3-74-66 Kirkridge Presbyterian Carroll Co. Md.								
24. FUNERAL DIRECTOR  ADDRESS  1 25a. REC'D BY REGISTRAR'S SIGNATURE								
Tipton-Eline Hampstead. Md.	1110 10 1000 1/11. 1	A .						
LIDEON-BLING DRHOSTERO. MO.	navear O Sho	O X V						

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